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NUMBER 5

MAY
1943

THE CANADIAN NURSE

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School of Education
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A Very Young Canadian

See Page 320

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(1) 1938, Nutrition Abstracts and Reviews 8, 281
(2) 1939, Food and Life: Yearbook of Agriculture
U. S. Dept. Agriculture, U. S. Gov't
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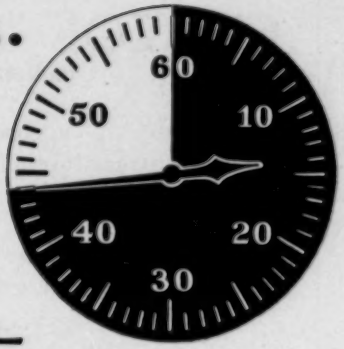

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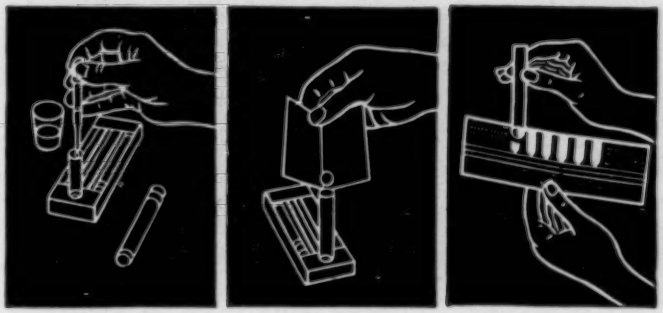

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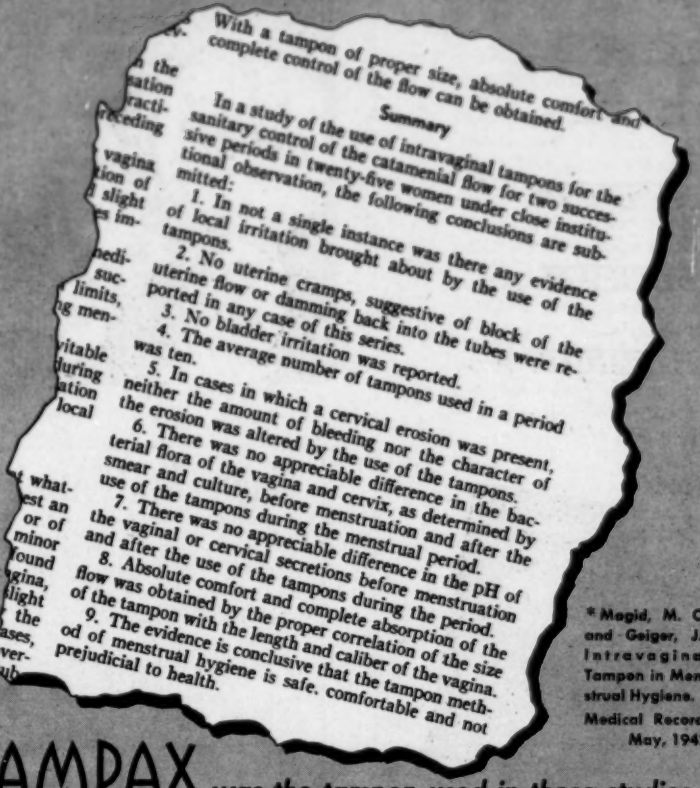
* Latest report of controlled clinical and bacteriological findings on the use of internal menstrual tampons for catamenial protection



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Summary

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2. No uterine cramps, suggestive of block of the uterine flow or damming back into the tubes were reported in any case of this series.
3. No bladder irritation was reported.
4. The average number of tampons used in a period was ten.
5. In cases in which a cervical erosion was present, neither the amount of bleeding nor the character of the erosion was altered by the use of the tampons.
6. There was no appreciable difference in the bacterial flora of the vagina and cervix, as determined by smear and culture, before menstruation and after the use of the tampons during the menstrual period.
7. There was no appreciable difference in the pH of the vaginal or cervical secretions before menstruation and after the use of the tampons during the period.
8. Absolute comfort and complete absorption of the flow was obtained by the proper correlation of the size of the tampon with the length and caliber of the vagina.
9. The evidence is conclusive that the tampon method of menstrual hygiene is safe. comfortable and not prejudicial to health.

* Magid, M. O. and Geiger, J.: Intravaginal Tampon in Menstrual Hygiene. Medical Record, May, 1942

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The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.
Editor and Business Manager:
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Station H, Montreal, P.Q.

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Reader's Guide

The picture on the cover shows a very young Canadian who was ushered into the world at an institution that will soon celebrate its hundredth anniversary. The story of the development of the nursing service of the Royal Victoria Montreal Maternity Hospital will be told later by its supervisor, **Caroline V. Barrett,** who, in this issue of the *Journal,* gives an outline of the general principles which govern the organization and management of an obstetrical department in a modern general hospital. At this critical juncture in our national life the provision of expert care for Canadian mothers and their babies transcends all other demands for medical service. It is a real privilege to present an article written by a nurse who is recognized as an authority in this important field.

Dr. Eleanor Percival discusses a health problem which is closely related to the well being of women who work in industrial plants and that also has a bearing on absenteeism. This article is a valuable contribution to a series that has recently appeared in the *Journal* and has created so much interest among industrial nurses. We were editing some news items the other day and, to our great delight, discovered a little bouquet. At a meeting of the public health section of District 10, R.N.A.O., one of the members gave a synopsis of these articles and went on to say that "they were so good that they would make the *Journal* a best seller in any shop".

Economy must be our watchword at a time when there is a dearth not only of expendable supplies but also of indispensable equipment. **Sister Helen Marie** and **Miss C. Bryant** give a clear and comprehensive account of the measures taken at St. Paul's Hospital, Vancouver, to insure adequate service and to avoid waste. The *Journal* would be glad to hear from special and general duty nurses who also have some bright ideas along these lines.

Virus pneumonia is not a deadly disease but when it occurs in epidemic form its ravages can be very serious. **Alice Crickard** describes its treatment and lays emphasis on the importance of nursing care. Miss Crickard is head nurse in a medical ward of the Royal Victoria Hospital, Montreal.

We don't blame you one bit if you don't like answering questionnaires. Somehow they always remind us of income tax returns and awaken the same resistive attitude toward the people who impose them on us. It might make you feel a bit better if you could see what happens when the information obtained from the questionnaires is being assembled. No matter how skilfully the questions are framed they seem to permit a variety of response that simply won't fit into nice little pigeonholes. Don't think you are the only one to smite your aching brow and say "What *does* the woman mean?" That headache is shared by the people on the receiving end. Yet, in spite of all their faults, these questionnaires do give an amazingly clear picture of what is really happening to nursing in Canada. The **Emergency Nursing Adviser** has made a sampling of the returns that are already in and, as a result, asks (and sometimes answers) a few pertinent questions.

The nursing situation in England becomes more crucial with every week that passes and now the presentation of the Rushcliffe report has opened the way for action on the part of the Minister of Labour and National Service. If you will read **Getting down to brass tacks** you can draw your own conclusions as to whether or not "it can happen here".

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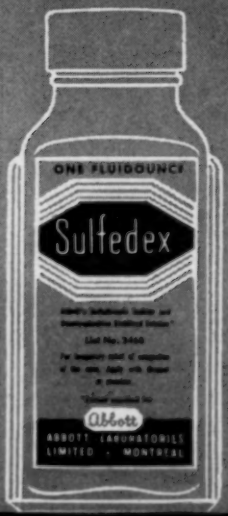

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-NINE NUMBER FIVE
MAY 1943

Getting Down to Brass Tacks

A critical turning point in the long history of nursing in Britain was reached a few weeks ago when the Minister of Labour and National Service told the House of Commons that he had decided to take special measures to deal with the shortage of nurses and midwives. For this purpose Mr. Bevin has set up a National Advisory Council consisting of 23 members, appointed by the various bodies representing nurses and their employers. The Minister explained that this action had been deferred until Lord Rushcliffe, chairman of the Parliamentary Committee on Nurses Salaries, had presented his report recommending that salaries and conditions of service be placed on a more equitable basis. It is estimated that the annual cost of the salary increases will amount to about two million pounds. The Government will pay half of this enormous sum but the remainder must be provided by the employers of nurses, chiefly by the hospitals.

The most striking feature of the whole situation is that the British Government is willing not only to recognize nursing as an indispensable national service but also to subsidize it. This is getting down to brass tacks with a vengeance. The Council set up by Mr. Bevin will be responsible for working out plans for better distribution of existing nursing services and for carrying on a publicity campaign in aid of the recruitment of student nurses. For the present, no actual compulsion is to be exercised but Mr. Bevin made it clear that, if persuasive methods fail, more drastic controls may be necessary. Student nurses may be sent where they are needed at the completion of their training. Staff nurses resigning their positions may be required to accept appointments not of their own choice. Nurses may be transferred from one position to another in order to meet urgent demands.

The Nursing Times asks those who feel that the matter should have been

handled by the Minister of Health to remember that the Ministry of Labour has dealt with all the problems of man and woman power in every branch of essential national service throughout the war. However, it is apparent that certain features of the Rushcliffe Report are not altogether acceptable to the women who are responsible for the direction of nursing education. For instance, they do not endorse the recommendation that cash allowances paid to student nurses shall be materially increased. The proposed increase would mean that a student nurse in her third year would be paid half as much as a general staff nurse—a situation which it is felt might lead to abuses:

> To those persons who do not, or will not, understand that the student nurse is getting a professional training and wishes to be regarded as a trainee and not as an employee, the figure will still appear low. The nursing profession, from the student nurses themselves upward, is chiefly anxious for improved educational facilities—more time for learning and observing, for being taught a skilled profession with many complicated techniques to be acquired and considerable knowledge to be absorbed. The figures still leave the student nurse a comparatively cheap form of labour. She must be guarded against the temptation to use her for domestic work, and employers must be made to realize that she willingly accepts a low salary because she expects opportunities to learn. She must not have to dust, polish or wash up when she ought to be watching the doing of a dressing, a lumbar puncture or the aspiration of a chest.

The Nursing Times also expresses some anxiety about the relatively small representation which nursing is to have on the National Advisory Council:

> The Council will consist of 23 members appointed by the various bodies representing nurses and their employers. The Royal College of Nursing has four of the 23 seats and the Association of Hospital Matrons has two. It appears likely that nurses whose advice on these matters is most helpful will, as usual, be in a marked minority. The Minister of Labour will "take the advice" of the Council on all matters affecting the recruitment and distribution of nurses and midwives in civilian work. Whether "take" means "ask" or "follow" we have, of course, yet to see, but as the nursing profession has had a good deal of experience of being called in after all plans are made this new outlook is encouraging.

Is there anything we in Canada can learn from these new developments in Britain? Most emphatically, there is! First of all it would be wise to face up to the fact that here, as in Britain, public opinion may force the Government to take action unless we can meet reasonable demands for nursing service under our own steam. If tuberculosis sanatoria and rural hospitals continue to be crippled for lack of staff, and if registries can't supply a nurse for a sick patient over the week-end or on holidays, we are going to hear about it in no uncertain terms. There is a growing conviction on the part of the public that we either cannot or will not assure a proper distribution of nursing service. What sort of defence are we prepared to make? It had better be a good one.

Another lesson we must learn is that he who pays the piper has the right to call the tune. It is significant that when the British Government decided to subsidize nursing service it also assumed the right to exercise certain controls. The same thing may happen here. As time goes on, more and more nurses will be employed by Governmental agencies and will be paid out of public funds. We may not always be free agents as we are now.

The third and possibly the most important lesson we have to learn is that, like the nurses in Britain, we may have to fight hard to preserve our hard-won educational standards. People feel the need of nursing service and are willing to pay for it. But they do not yet understand or admit that this service can

only be based on thorough preparation on a professional level. The only way to convince them is to carry on a continuing campaign of education in season and out of season, until they see the light. An excellent beginning has already been made by means of the publicity sponsored by the Canadian Nurses Association but this should be followed up in every province in Canada by a more personal approach to local hospital authorities and members of the medical profession. There are those among us who fear that both these groups are seeking to subdue and to control the nursing profession. Even if they are (and we doubt it) we shall gain nothing by cutting ourselves adrift from the people with whom and for whom we work. Perhaps, if our contacts were more frequent and less formal, we should find that doctors and hospital administrators are just as afraid of us as we are of them. We can be pretty terrifying when in convention assembled, and so can they. It might clear the air and help us to forget our respective inhibitions and prejudices if we could meet in small friendly groups and get right down to brass tacks.—E. J.

More Pertinent Questions

In answer to further pertinent questions, we have ventured to borrow and to make use of some of the questionnaires that are bringing to us the opinions of thoughtful and busy people who are sharing with us the wealth of their experience in the various professional fields. Perhaps you can add to these?

Why are positions in hospitals and public health fields going unfilled and yet there are at least 24,384 *registered nurses* (*and a number of graduate nurses not registered*), *serving the civilian population in Canada today?* It is too soon to predict, but surprises may be in store for us when an analysis is made of the material that is rapidly accumulating in the National Office, as a result of the survey. It may well be that shortages in many instances will prove to be the result of additional demands on nursing service rather than depleted staffs. Other explanations of positions unfilled are suggested below.

Is there a lack of nurses with special preparation? This question is usually answered by the explanation that a number of specially prepared nurses have gone to serve with the armed forces. Some of them have, but not a high percentage of the total number enlisted. It is well to remember that the lack of nurses with special preparation existed before the war. Even in the days when a surplus of nurses was apparent, specially qualified teachers and supervisors were scarce. It has never been easy to find well prepared nurses to fill positions of responsibility, as any administrator can testify. Those who are struggling with acute shortages today will be encouraged to know that 288 nurses are taking post-graduate courses this year — an increase of 132 over 1941-42.

What about General Duty? Besides the proverbially long hours of duty and inadequate salaries, conditions that possibly are slowly righting themselves, other reasons suggested for difficulty in filling positions on general duty are: the assignment of too many sick patients to one nurse; no incentive for advancement, and lack of recognition of professional status; in certain types of nursing, health hazard for young nurses; unwillingness to serve in rural areas; lack of preparation in certain types of nursing such as psychiatry, tuberculosis, and communicable diseases.

Why are calls for private duty not

answered? In hospitals, it is stated that the system of selection frequently prevents the nurse from answering a call for the type of duty which she prefers and for which she is best prepared. A nurse desiring obstetrics finds herself in the eye, ear, nose and throat department, while on the same day her classmate, who has taken a post-graduate course in the eye, ear, nose and throat department, is assigned to an obstetrical case — the one type of nursing she feels the least prepared to undertake.

Perhaps the key to most of the private duty difficulties lies in the suggestion that there is little special preparation for the young nurse to work in the private duty field, either in the hospital or in homes. The carefully directed student of today finds herself a free lance or private duty nurse of tomorrow, with little knowledge or appreciation of the actual responsibilities that she must assume. Probably her very first entry into a home is when she is feeling her way in this strange new world of freedom and responsibilities. Have universities or hospitals ever considered organizing post-graduate courses for the private duty nurse? We can recall a number of excellent refresher courses, some of which have been specially designed to meet the needs of the private duty nurse, all of which have been enthusiastically attended by this group, but is it too fantastic to think of the day when a certificate will be awarded for specialization in the private duty field, or can we imagine a whole summer school course devoted to meet the special needs of the general duty nurse? One could enlarge on this idea and think of many interesting studies that might be included in such a course, which would also serve as an excellent background for specialization in other fields of nursing, courses for which university credits might well be given.

In homes, the private duty nurse claims that she sometimes meets with too much interference from the family, and lack of consideration. Too often, supperless nights spent in cold rooms serve as a definite prejudice against accepting home calls. It is small wonder that the young nurse deliberately selects the warmth, security and support of the hospital, and registers against private duty in homes. Yet older graduates, who have explored this field, speak of it in glowing terms as one full of interesting and novel experiences and unlimited opportunities. This suggests that experience and preparation to meet these situations show them in an altogether new light—that of a new and challenging adventure.

It is probably true that more might be done to prepare the student of today for the experiences and responsibilities of tomorrow, when she steps forth as a private duty nurse to determine her own future and possibly the future of many others also. A number of carefully planned conferences with a successful private duty nurse as part of a course in professional adjustments, plus at least a few days spent with a visiting nursing organization, might give young graduates a steer that would tend to reduce refusals to accept calls both in the hospital and public health field; we understand that there is a real need for relief nurses in both.

What about shortages in special fields? In mental hospitals, there is very definite evidence of lack of preparation in the graduate nurse for the necessary "psychological approach", as one authority in this important field expresses it, so we find that many graduate nurses are afraid of this special field. In it they are on unfamiliar and strange ground. Furthermore, salaries and hours of duty in many special and general hospitals are still too low and too long. In mental hospitals, nurses and others are entitled to every consideration, in order that they may effectively meet their special responsibilities in dealing with

the type of patient committed to their care. Good salaries and more than reasonable hours of duty are essential. Special preparation is necessary, if nurses are to give what they should be prepared to give in the care of mentally ill patients.

In Sanatoria there are wide ranges in salary schedules and hours of duty also. Again, in many of them, salaries are too low and hours of duty too long for the special responsibilities entailed. Are we justified in saying that nurses do not accept this type of duty, because of "fear of infection", in hospitals in which their earnings are from $660 to $900 per annum with two weeks vacation each year and an average of 139 hours of duty per fortnight — sometimes staggered hours at that? Is it any wonder that under these conditions nurses participate halfheartedly in spreading the gospel of building up reserve against infection? True, there is a more cheerful and just side to the picture but, by and large, the most marked shortages seem to occur in institutions in which unfavorable conditions do exist.

Are nurses unwilling to serve in rural areas? Yes, according to replies received, many of them are. Possibly because some of the less attractive conditions exist in the more isolated districts, or that is the impression; possibly, too, because a number of nurses are not familiar with opportunities and compensations that may be found in many rural areas. We suggest that this is a special challenge offered to our profession at this time.

How are shortages being met? We again point with confidence to steps that have been taken by the General Nursing Section, Canadian Nurses Association, to remedy shortages that are attributed to individual discrimination and preferences which are not altogether compatible with an all-out war effort. A notice that appeared recently in a leading newspaper in one centre suggests that courses of instruction for "nurses' assistants" are being extended as a means of supplementing nursing service in sanatoria. *How is this and similar developments going to affect the nursing profession in the future? Are we as nurses willing to relinquish the nursing care of this type of patient to another group of subsidiary workers?* We leave this one with you.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Activities of the School for Graduate Nurses, McGill University

Three factors have contributed to making the present session one of the busiest in the experience of the School for Graduate Nurses, McGill University. These factors were the provision of bursaries by the Dominion Government, the loans and bursaries awarded under the W. K. Kellogg Foundation grant, and the forward looking attitude of hospitals and public health nursing organizations in releasing personnel for study this year in order to be in a better position to face the increasing difficulties as the war continues. As a result of these circumstances, the School registered the largest class in its history. Government funds made it possible to secure additional teaching personnel in the School and full-time supervision of public health nursing field work. Forty-seven students enrolled for full-year courses: twenty-two in teaching and supervision; twenty-one in public health nursing and four in administration in schools of nursing.

As a wartime measure, and in accordance with the request of the Canadian Nurses Association, two divided courses were offered. These four-month programmes were developed to meet the urgent need for qualified supervisors in hospitals and the public

health nursing field. During the first term, a course for administrators and supervisors in public health nursing was given to a group of experienced public health nurses. The professional phases of the full year advanced certificate course were telescoped into four months. The purpose was to help this group to meet more effectively the practical problems of maintaining essential services in spite of wartime adjustments, rapid turnover of personnel and an increasing proportion of inadequately prepared staff. Emphasis was placed upon fundamental principles of public health organization, public health nursing administration and supervisory problems. Observation and practice in selected fields was an integral part of the plan.

In order to help to meet the serious situation created by the shortage of qualified head nurses and supervisors in hospitals, a four-months concentrated course in clinical supervision was offered in the second term. Two months of this period were allotted to courses specially designed for this group, and the remaining two months were spent in a chosen clinical service. During the first month of the clinical work the administration of the nursing service was emphasized, and in the second month actual responsibility was assumed for planning and supervising student programmes on the wards. The clinical specialties selected by the group included medical, surgical and neuro-surgical nursing. Naturally these four-months courses do not entitle students to certificates, but the University has authorized further four-months programmes after the war emergency is over, to enable such students to complete the requirements, should they wish to do so. Results of both of these short courses have been satisfactory and warrant their repetition next session, if a sufficient number of nurses indicate their desire to enroll.

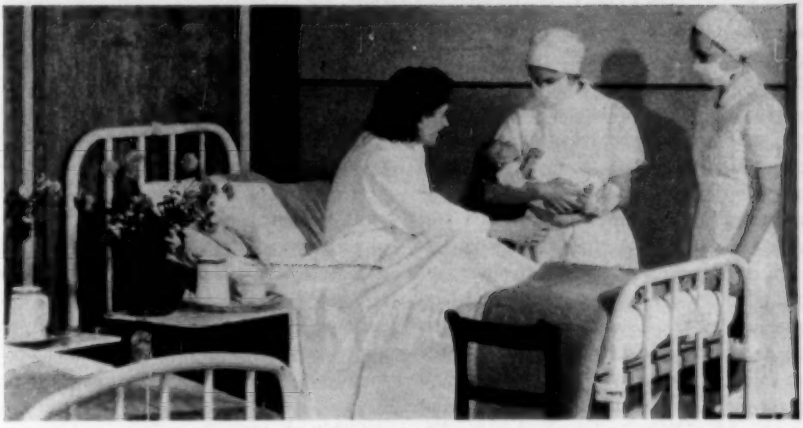
In addition to these special adjustments, many local nurses registered in one or more courses as partial students. An extension course for nurses in industry was also offered and proved most successful. The phenomenal increase in the demand for nurses for this field, and the fact that so few who accepted such work have had public health nursing preparation made a course of this nature doubly important at this time. As it is virtually impossible for war plants to release nurses for three to five day institutes, the course was offered on the basis of two-hour classes one evening a week for a period of ten weeks. The response was excellent and fifty nurses attended the course.

No one can foresee what further demands will have to be met during the next twelve months; the one certainty is that new problems will inevitably face our university schools of nursing. It is devoutly to be hoped that Government assistance will again be forthcoming, though no such definite assurance has as yet been given. There is comfort and strength in the thought that the Provisional Council of University Schools and Departments of Nursing offers a new avenue for united action.

—M. L.

A Timely Refresher Course

A refresher course in public relations and the development of nursing services will be given at the School of Nursing, University of Toronto, from May 19 to 22 inclusive. This new and challenging field is of the greatest importance and the School is to be congratulated on offering such an excellent introduction to it. By way of background, three lectures will be given by Miss Lorna Savage and Dr. Stuart Jaffary of the University of Toronto; these will deal with the machinery of government, related legislation, existing organizations, and community resources. Leadership in planning will be discussed from the medical point of view by Dr. Harvey Agnew and from the nursing angle by Miss Marjorie Buck. Dr. George Davidson, director of the Canadian Welfare Council, will present the public welfare aspects of the situation. The establishment of favourable community relationships in the hospital and public health field will be dealt with by Miss Nettie Fidler and Miss Edna Moore. Publicity measures will be demonstrated by Mr. Elton Johnson. Round table conferences on community planning and the interpretation of services will be conducted by Miss Florence H. M. Emory and Miss Mary Millman.



The Organization and Management of an Obstetrical Department in a General Hospital

CAROLINE V. BARRETT

When the organization of an obstetrical unit is under consideration, the initial step is to appoint a committee of lay and professional members of the governing body of the hospital to study, ascertain and report on the facilities which exist in the community for the care of maternity patients. If no maternity beds are available, or if the existing accommodation is obsolete, it is their duty to advise the governing board regarding the type and number of beds required. These findings would be determined by the size of the community and the different classes of patients for whom this care is intended but the trend to-day is toward the hospitalization of maternity cases, and young married women are seeking cheaper accommodation. Another point to be considered is that the obstetrical department must be entirely separate. There should be no communication whatsoever with acute medical and surgical cases and the staff, both medical and nursing, while serving in the maternity department, should refrain from attending and visiting patients in these wards.

Another duty of this committee is to inquire into the cost of such a department in order to find out where the money for building and equipment can be secured, and to ascertain sources of revenue for upkeep and maintenance. This survey is of vital importance, as only by making such a study can the evils of over-lapping and duplication of effort be avoided. It also demonstrates to the public that an honest effort has been made to avoid wastage of public and private funds.

Type of hospital: Circumstances and the locality will influence the decision of the governing body as to whether the

hospital will be a "closed" or an "open" one, or perhaps a combination of both. By a "closed" hospital is meant that only physicians who hold an appointment on the staff are allowed to admit and treat patients. By "open" is meant that all physicians of good repute in the community are welcome to bring in and care for patients. A third set-up consists of a combination of both staff physicians and doctors who do not hold hospital appointments. This combination has been found satisfactory only when the so-called "courtesy" staff understand that they are under supervision, and must seek advice and assistance in difficulties. They must also realize that the head of the department is responsible to the hospital and to the community for the welfare of all patients who are admitted to the department, irrespective of their being private or public.

Medical staff: Obstetrics and gynaecology are so closely allied that it has been found an advantage to have these two departments controlled by the same physician. The governing body of the institution will appoint, as head of the department, a physician of ability who, possessing a good knowledge of obstetrics and gynaecology, and having had special training in these two branches of medicine, will be able to cope with emergencies and exceptional cases. This man must inspire confidence, possess good judgement, command the respect and loyalty of his colleagues and be able to manage people tactfully. To him is entrusted the complete control, direction and supervision of the department. He should be consulted, and his advice taken, when plans are drawn up for the new building. It is his responsibility to formulate a policy controlling the work of the department, and to set and maintain a standard technique governing all procedures and practices. In the wise selection of such a person lies the key to better obstetrics and a lower maternity mortality rate. Once the head of the department has been chosen, it is his privilege to name his staff. Only men who have had special training in obstetrics and gynaecology and who come up to a certain standard should be eligible for appointment.

Types of accommodation: The size and affluence of the community will govern the outlay for various types of accommodation. Different priced private rooms can be arranged for, but experience has proved that the cheaper and smaller rooms are in greater demand. A simple, charming atmosphere is easily achieved, and it is wise to remember that good equipment does not always mean elaborate fixtures and furniture. The walls should be of a plain colour and of a finish easily washed; the hangings of a material which can be easily laundered. A wash basin, with running water, is a necessity rather than a luxury in each room. Individual equipment is essential and certain standards regarding this equipment should be set and maintained in the entire department. Two good cupboards in each private room are recommended, one for utensils and the other for the patient's clothes.

Speaking from experience, the smaller the private ward service the more easily it is controlled and supervised. Private patients prefer a homelike place to a large unit which has an impersonal and hotel-like appearance. Semi-private rooms are in great demand — the lower price is really what appeals to the public. Personally, I think this type of room should be planned more carefully in order to ensure greater privacy and comfort to the patient. The same type of equipment will be used in this department as is found in the private rooms. Semi-public wards usually accommodate from three to five patients in one room. Certain privileges are granted to them and in some hospitals this service has been created for patients who cannot afford semi-private rates and who do not want to enter the public

wards. They also prefer to have their own doctor at the time of delivery. Usually the privilege of admitting patients to this ward is reserved for junior members of the medical staff who are allowed to collect a small fee for caring for them.

In planning the public wards, the utmost in air, sunlight and good ventilation is sought. The four-bed unit in a ward of four units has been found satisfactory. Provision for the washing of hands is very important. Utility rooms should be planned most carefully in view of the need for sterilization of enamel ware and particularly of bedpans. Individual equipment is a necessity in an obstetrical ward in order to maintain a rigid technique.

Admission room: Private and semi-private patients are taken directly to their rooms on admission. Public patients are, as a rule, taken to a central admission room in which is found the equipment for the initial preparation and examination. Facilities for toilet and bathing should be of the best; a shower, washbasin, lavatory, hopper and sterilization facilities are necessary. A locker room for the storing of clothes should be in close proximity. If the department is large (50 or more beds) it is a good idea to have accommodation in the room for the care of several patients at once. The ideal would be two rooms identically equipped.

Labour rooms: Private patients are usually kept in their rooms until the time of delivery, but accommodation for semi-private patients is a necessity. In some hospitals, small individual rooms are allotted to patients in labour whether they be private or public; these rooms are equipped with running water and with everything needed for the care of a patient in labour. This is the ideal method, but also a very costly one. In other hospitals, a large room with several beds and individual equipment is allotted to each public ward. In some units, labour rooms and all delivery rooms are arranged on one floor; in others, there are these rooms on all the obstetrical floors. There are advantages in both these arrangements but it is easier to manage a department when it is located on one floor and a smaller nursing staff is required. On the other hand, especially in a teaching hospital where medical students are required to see a certain number of confinements during their training, it is most important that private patients be segregated on their own floor. In planning this department, it is necessary to have one delivery room for every twenty-five beds.

Delivery rooms: These rooms are similar in character to operating rooms and are equipped in the same way, with adequate facilities for the sterilization of instruments and supplies. Special delivery tables and a heated cot for the reception of the new-born child are provided.

Nurseries: When planning the nurseries, it is a wise thing to remember that several small units, although requiring a larger nursing staff, are easier to control as regards infection. Sun and fresh air are more important here than anywhere else, and it is advisable to choose the brightest side of the building. Good bathing facilities are required and individual equipment is a necessity. You can plan your nurseries as elaborately as you wish, but it is wise to keep everything as simple as possible, including infants' clothing, bedding and equipment.

Premature infants can be cared for in the regular nursery if heated cots are used but it is advisable to have air-conditioned nurseries so that the temperature and humidity can be controlled. Recent studies at The Boston Infants' Hospital show how important humidity, ventilation and cooling in hot weather can be in saving lives. A continuously high humidity of about 65% proved to be the most desirable, especially for infants weighing less than three pounds.

No appreciable benefit resulted to infants weighing more than four pounds except in special cases. In maternity hospitals that are not completely cooled, there is a danger in lowering the nursery temperature much below the prevailing ward temperature, owing to sudden temperature contrasts in moving infants from the nursery to their mothers. In nurseries for normal infants, there seems to be little need for complete air-conditioning, but some provision should be made for ventilation and cooling excessively warm rooms.

Milk room: This room can be established near the central kitchen, but sometimes it is advisable to have it near the nurseries. Formulae are prepared under the direction of the nursery supervisor or the head dietitian. Here, also, may be maintained a special plant for the freezing and storing of breast milk.

Discharge room: In large obstetrical units, it has been found an advantage to have a room where patients can be taken with their babies to be prepared for their return home. In this way, no clothing is ever taken to the wards. A small room with table, chairs and toilet facilities is all that is required for this service.

The head of the nursing service in this department should be a registered nurse possessing good executive ability, with special training and practical experience in this branch of nursing. A post-graduate course in a university and some experience in teaching would be desirable qualifications. The success of the department will depend to a great extent upon her loyal support and co-operation, and it is imperative that she possess the good-will and confidence of the superintendent of the hospital, the principal of the training school and the physicians in charge of the clinic. Her responsibility is a dual one. As a hospital executive, she directs the activities of the nursing group, is responsible for the comfort and well-being of all patients admitted to the unit, and must be familiar with the routine nursing care of both mother and infant. She is also responsible for the teaching and supervision of all student nurses assigned to the department and must be interested in their education. A maternity ward is an ideal centre of teaching and training, as perfect correlation of instruction and practice can be maintained at all times. The chief supervisor must be familiar with the curriculum and must see that all student nurses receive, while in the department, the required practical experience and instruction in pre-natal, natal and post-natal nursing, including care of the new-born infant. In large institutions, a clinical instructor is entirely responsible for all teaching but in a smaller unit the chief supervisor is responsible for this work.

In order to administer her department efficiently, she must have an intimate knowledge of all the activities under her supervision. She should know the patients and visit them daily to assure herself that they have every care and consideration. Her staff nurses are encouraged to discuss freely with her their problems and difficulties. In some hospitals, the chief supervisor is also responsible for the housekeeping and supplies; no small order, I assure you, as a maternity unit should be kept scrupulously clean and well supplied with both linen and equipment.

Head nurses are chosen with care and only those who have had special experience in this branch of nursing should be given posts of responsibility. The younger graduates are expected to seek additional training by post-graduate work, or as junior head nurses in the various departments of the obstetrical division. The number of staff nurses required will depend upon the size of the unit. Certainly, it is necessary to have a graduate in charge of the delivery room, and another in charge of the nurseries, as well as a graduate nurse

capable of assuming the direction of the whole department at night. General staff nurses are usually engaged to staff the private wards and nurseries, as private patients are insisting on this type of service. These nurses must be assured of just and sympathetic treatment; if they realize that good work and loyalty to the institution mean promotion and a better salary, they will give of their best.

Student nurses must be under constant supervision and asked to assume little or no responsibility. Instruction in the initial care of maternity cases is given before, or immediately upon, their being detailed for duty in the department. Students who are accepted from affiliated training schools for a three or four months course in obstetrics, should receive even more intensive and kindly supervision, for we must remember that they are adjusting themselves to a new environment, even sometimes to a change of climate and a different tempo of life. It is surprising how quickly and smoothly a new class can be absorbed into the institution. The more imperceptibly this is effected, the better the management and organization that directs the group.

Adequate nursing care: Good maternity care pre-supposes good nursing and, in order to insure this, an adequate staff is required. One nurse to every three patients during the peak load hours (7 to 10 a.m. and 9 to 11 p.m.) and one nurse to every six patients the balance of the time is adequate. This does not include the care of patients in labour or during delivery; an extra number of nurses is required for these special services. In the labour rooms and delivery rooms an adequate staff should be maintained at all hours, as nowhere else in the hospital can an emergency arise which has to be faced with more dexterity and alertness. Here, a matter of minutes may mean life or death. It is imperative that a staff nurse be here at all times to assume responsibility and only student nurses who have had operating room experience should be assigned to this department. One staff nurse and two students are really necessary to assist at any confinement. Nose and throat cultures are taken from all members of both the medical and nursing staff and only if these cultures are free from streptococci and pneumococci are they allowed on duty. Cultures should be taken at regular intervals from all members of the permanent staff and a record kept.

Believe me, I am not overestimating the number of nurses required! I know from experience, having worked for twenty-five years in a maternity hospital. A rigid technique is necessary in order to protect mothers and infants from infection and we know that time is needed to carry out this technique conscientiously, and to give the necessary and adequate care to our maternity patients and their babies. And who in the world, I ask you, is more important than a mother and her new-born infant? Medical and lay journals are full of statistics regarding maternal and foetal mortality rates — but what good are statistics if we cannot get at the source of the evil and provide good medical and nursing care for the mothers and babies of our country? So, if you have an opportunity to help inaugurate a new maternity department, economize on something else, but demand and insist on a sufficient number of nurses to staff the department. A good nursing service will do more than anything else to insure its unqualified success.

(*to be continued*)

Rest Cure

I'm all right; sure I am. I've been a little nervous, but I'm all right now. I'm having a rest cure and I can't see anybody — only the doctor, and the day nurse, and the night nurse, and the floor nurse, and the head nurse, and three or four orderlies. All I have to do is eat and sleep and not worry about anything, and rest, and that's just what I'm doing. I may not look it, but that's just what I'm doing.

And a hospital is just the place to do it in. No one disturbs you — not till seven o'clock in the morning — and then all they do is wash you and give you some breakfast and wash you again and clean the room, and then you can rest. Certainly I'm not jumpy, I'm fine. I like hearing tin basins banged around and I don't mind a bit if the nurse sings while she does it. It doesn't make me nervous. It makes me sick, but it doesn't make me nervous. I can rest while they clean the rugs. They'll take them outside to clean them, and that's very considerate, they know I'm resting. They'll wait till I'm asleep and bring them back and drop them beside the bed with a nice dull thud. But I don't mind; I'm fine. I get sleepy again and then the nurse tiptoes over and opens the window and tiptoes over and pulls down the shade, and then she moves all the furniture, and then she goes to lunch. Well, supposing she does leave the door open, I can get up and shut it, can't I? I'm not sick, am I? I'm just in for a rest. And after I shut the door, I can go fast asleep. I can, till they ring the telephone. I know they have orders not to, but anyone can make mistakes. And they have to send up flowers. Even if there is a sign on the door that says, "patient sleeping", it doesn't say "don't waken her", does it? I'm not complaining.

After lunch, I can rest, unless the doctor comes. Well, I can rest when he goes. I ought to be able to, its quiet here. Of course I can't stop radios. It certainly was a swell idea to put radios in a hospital. But I don't mind them and I don't mind the visitors across the hall. They have to shout; that's cheering to the patient. They can't come in a hospital and let the patient think he's sick, can they?

Stop biting the bed clothes. After dinner you can rest. After dinner, and after your bath, and after your milk of magnesia — then you can rest. You aren't nervous, are you? You aren't going to let a little thing like a rest cure upset you, are you? Certainly I'm not, I'm calm. I'm swell, I'm not screaming — I'm *resting*.

—Author Unknown

Annual Meeting of the S.R.N.A.

Plans are being made for the twenty-sixth annual meeting of the Saskatchewan Registered Nurses Association to be held in Saskatoon on Thursday and Friday, May 20 and 21. All meetings will be held in the Bessborough Hotel. A special feature of the convention will be an exhibit of newer teaching aids and devices. An afternoon session will be devoted to the discussion of health insurance and nursing service. Miss Clara Jackson, the travelling instructor recently appointed in Saskatchewan, will take part in the program. Matters of interest and concern to every nurse will be discussed and it is hoped that as many as possible will attend.

R. C. Christilaw
Acting Registrar

What you can Buy with your Victory Bonds

In desperation the enemy may at any time unleash the worst gas attack the world has ever known. You can help to keep its effects at a minimum by investing in Victory Bonds. A $100 *bond will buy* 100 *warning rattlers for the trenches and* 8,250 *sheets of ground detectors.*

Our troops must learn to know poison gas if they are to survive when the enemy resorts to it. Investment of $100 *in a Victory Bond will buy* 19 *boxes containing five smelling samples of the most dangerous types. You will probably want to take more than one when you know that a single* $100 *Victory Bond will buy* 22 *camouflaged anti-gas capes and* 17 *eyeshields.*

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Menstrual Disturbances as they may affect Women in Industry

ELEANOR PERCIVAL, M. D.

In this article we are to consider the effects of the functional disturbances of the generative organs upon women in industry, and how we may help lessen these disturbances. Women are employed today in far greater numbers than ever before, and both married and single women are needed to keep the wheels of industry rotating at maximum speed. To develop the greatest efficiency, all employees must be kept in good general health, so that the number of days lost through illness can be kept down.

Let us first look at the organs of reproduction themselves and their physiology, so that we may understand more intelligently any misfunction which may occur. The two chief organs are the uterus and the ovaries—neither of which can function without the other. The uterus is a muscular organ, shaped like a small pear. In its centre is a canal lined by endometrium. This is the bed which receives the pregnancy, and is also the source of the periodic discharge of blood and mucus called menstruation. The ovaries, which lie one on either side of the uterus, are small organs about the size of an almond. At birth each ovary contains thousands of ova or eggs in various stages of development. Once every 28 days or roughly halfway between two menstrual periods, from puberty on, one of these ova comes to the surface of the ovary, its capsule breaks, and it is discharged.

The ovary exercises control over the uterus and its two functions, menstruation and pregnancy, through its two hormones, oestrin and progestin. Oestrin is secreted during the first two weeks of the menstrual cycle. It acts on the endometrium, causing it to become thick and glandular. A second hormone, progrestin or corpus luteum, is secreted in the last two weeks of the cycle. It also helps the endometrium to thicken, in preparation for a pregnancy. If the ovum which is freed on the thirteenth or fourteenth day has been fertilized by a spermatozoon, then these two hormones, oestrin and progestin, continue their work for three months, by which time the placenta is large enough to carry on alone. On the other hand, if the ovum has not been fertilized, the hormonal influence of the progestin is suddenly withdrawn and menstruation occurs. These two hormones, oestrin and progestin, are secreted by the ovary and circulate in the blood stream. The stimulus to produce these hormones comes from the anterior pituitary gland, a small gland

lying at the base of the brain. Any abnormality in the functioning of either the pituitary gland or the ovary causes abnormalities in the menstrual flow—so that there may be too much, too little, too frequent bleeding, or a very painful period. Tumour formations or inflammatory lesions may also affect menstrual function by increased pelvic congestion.

In industry, perhaps the most disturbing of all pelvic complaints is dysmenorrhoea or painful menstruation. There is reason to believe that its incidence becomes higher with the degree of civilization of the community. Dysmenorrhoea is most common in young single individuals leading sedentary lives, and its frequency has considerable economic importance, for the patients are often incapacitated for one or two days a month. One sometimes hears extravagant statements that 50% of the women employees in some offices absent themselves regularly each month for 24 to 48 hours. There is no doubt that there is a tendency among some groups of workers to capitalize on the minor disturbances of menstruation, and so obtain a few extra days' holiday. That this is entirely unnecessary is shown by the employees of a large life insurance company which now enjoys a rather enviable reputation, for among 950 women employees only three lose one day a month on account of dysmenorrhoea. The others sometimes have to lie down for an hour or two. Some years ago, well over a hundred girls used to be away regularly. However, through the efforts of the nursing staff, who insist on examination of all absentees, and through the fact that pay was discontinued after six days of illness each year, the marked improvement mentioned above occurred. Also, among the 250 student nurses in a large hospital, an average of only one nurse a month goes off duty because of dysmenorrhoea. In the large industrial plants, conditions are somewhat different and much more difficult. Sometimes workers are changed from one eight-hour shift to another every week, with consequent upset to their eating and sleeping habits. This results in metabolic disturbances with a tendency to constipation, lack of sleep, fatigue, dysmenorrhoea, and ill health.

From what has been said it is evident that lack of exercise, improper diet, particularly a very light or no breakfast, and constipation may affect the menstrual function, making it very painful, due largely to the increased pelvic congestion. There is a normal tendency toward constipation in the three or four days prior to the menstrual period, which tends to increase the congestion in an already congested pelvis. A long brisk walk daily, combined with particular care in relation to elimination during the three days preceding menstruation, will do much to decrease the pain and vomiting which often accompany these periods. A mild sedative will be all that is necessary in addition. If dysmenorrhoea cannot be relieved by these simple means, gynaecological examination should be recommended and the patient treated either for the local condition or by endocrine therapy.

Pregnancy and abortion may present another pelvic problem in industry. How long should the pregnant woman work? What types of work may she do? What are the first signs of abortion? What should be done when these appear? These are all questions that require thought. In the average case, I would say that the pregnant woman might work during the first five months. If her work is clerical where she is sitting at a desk and can wear a smock or some carefully chosen, well-fitting garment, she may work considerably longer. Work on machines, especially with a foot treadle, is never advisable during pregnancy. Bleeding following a period of six, seven or eight weeks amenorrhoea, with or without cramps, should be considered a

threatened abortion. The patient should be sent home at once and advised to call her doctor. If it is possible to avoid it, the abortion should not be allowed to take place in the hospital of the plant, because of possible legal complications.

The menopause, or change of life, as it is often called, occurs normally in this country at the age of 47 or 48. Hot flushes, night sweats, depression, irritability, headaches, may accompany the menopause and may disturb the working capacity of these older women. These symptoms usually occur after a period of four to six months amenorrhoea. Many women are very little disturbed and can easily accept such symptoms without worry, while others really suffer both physically and mentally. To the latter class, the endocrines of today are a great boom. Premarin or Stilboestrol given by mouth, or Progynon or Oestoform by hypo, will give tremendous relief and restore their normal morale as if by magic.

Other menstrual disturbances such as too much bleeding (menorrhagia), intramenstrual bleeding (metrorrhagia), or lack of bleeding (amenorrhoea) should all be reported and a thorough pelvic examination made. They are often only temporary conditions, and though a period of hospitalization may be necessary, are not as crippling to industry as the much less serious and more common distı rbance, dysmenorrhoea.

Kate Brighty Retires

After completing twenty-four years of service with the Public Health Department of the Province of Alberta, Kate Shaw Brighty has decided to retire. During the twelve years that she has been superintendent of the Provincial Public Health nurses of Alberta, Miss Brighty has witnessed and participated in an extraordinary development in her chosen field. She has taken a leading part in organizing most of the public health nursing centres in Alberta and has thereby made a most outstanding contribution to maternal and child welfare in Western Canada. The fortunate possessor of a distinctive radio personality, Miss Brighty has given many delightful broadcasts in which she told vivid stories of pioneer life in the West.

The affection and respect in which she is held by the Alberta Association of Registered Nurses were demonstrated at a recent special meeting when Miss Rae Chittick, president of the Provincial Association, said that Miss Brighty had contributed more than anyone else to the development of the Association, first as secretary-registrar and later as president. As a tribute to her from the nurses of Alberta, Miss Chittick presented Miss Brighty with a beautiful water colour, depicting a characteristic bit of Western scenery.

KATE S. BRIGHTY

General Staff Salaries in the U.S.A.

More than a thousand hospitals, employing 26,520 general staff nurses, participated in a salary study just completed by the Department of Studies of the National League of Nursing Education in cooperation with the American Nurses Association. The highest salaries are paid in the Western states, particularly in California. Ninety-one percent of the hospital staff nurses there receive at least $1,200 a year. Two hospitals in the state reported that they pay their general staff nurses $1,320 a year and one reported salaries of $1,620, in addition to full maintenance. These higher salaries compare interestingly with beginning salaries of nurses: in the armed forces—$1,800 a year plus allowances; in the Federal Services subject to civil service rulings—$1,620 a year for hospital nurses, $1,800 for public health nurses, with deductions for retirement purposes and for subsistence when provided.

Only fifty-five percent of the hospitals reporting stated that they increase salaries at regular intervals. Increases are more generally provided in the Pacific and in the East South Central states than in other parts of the country. One hospital provides a $360 increase at the end of the first year; a number raise salaries by $120, but the most common increase, taking the country as a whole, is $60 after one year of service. One-third of all the hospitals reported that they provide allowances for nurses living out, usually for room only. The highest allowance reported for full maintenance (room, board and laundry) is $600 a year; for room only, $420. Interesting comparisons of salaries, increases and allowances granted in the various states and sections of the country are presented in the complete report of the study which the American Nurses Association will publish in the near future. It represents the first section of a comprehensive study of personnel practices and policies for hospital general staff nurses.

Consultations at Sea

Whenever a sailor is injured or falls ill on board a ship which has no doctor—as is the case with the majority of ships—a tragic situation arises. For an inexperienced person to have to dress a wound is a serious problem. It is even more difficult to apply splints, or set a fracture or dislocation; but at least such an injury, and its cause, are obvious. What, however, is to be done for a high fever, a heart attack, abdominal pain, extreme weakness, convulsions, an abscess, or a severe haemorrhage? The captain can consult his medical guide, or the manual published by the League of Red Cross Societies under the title "A Health Manual for Merchant Seamen". But it is as difficult for a sailor to make a diagnosis, give treatment or prescribe a diet, as for a doctor to take over the ship's wheel. For this reason, it was decided that the question of organizing medical consultations by wireless or radio-telephone should be studied. The League, the national Red Cross Societies, the marine cable and wireless authorities in the different countries and the International Union of Telecommunications have now arranged for the collaboration of nearly 300 coastal wireless stations, in fifty countries. There is an official list giving the names of these stations, their wave-lengths, hours of transmission and the languages in which transmissions are permitted. Moreover, a ship at sea, if it has a doctor aboard, may be asked to transmit by wireless the needed medical advice. When it is possible to communicate by radio-telephone, the situation is simplified, because detailed explanations can be given on both sides. Immense services have already been rendered: more than 2000 medical consultations are transmitted by wireless every year and ships have changed their course in order to pick up sick or injured men, whose lives were thus saved by the timely care of the ship's doctor.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Virus Pneumonia

ALICE CRICKARD

Virus pneumonia is an acute infectious disease which, generally speaking, attacks young adults who were previously in good health. Older persons are not immune and when attacked usually suffer from a severe form. The onset is insidious; the patient develops a severe cough, which usually becomes productive, and is associated with some discomfort in the chest. Chilliness may or may not occur. A very few patients will complain of a mild chill or having felt chilly; this is especially true of the more seriously ill patient. The usual complaints are headache, general malaise, and a dry hacking cough. Headache is not always present on the first day, but usually is present the second or third day of the disease, and is frequently quite severe. General malaise is very common, and may be accompanied by muscle pain. Joint pains have occurred in a few patients.

The sputum, probably scanty at first, if obtained early in the disease, is found to be mucoid in character and later becomes mucopurulent. It is either white or yellowish, and may have small streaks of bright blood or the blood may appear in large amounts. The rusty sputum of a pneumococcic pneumonia is seldom if ever seen; sometimes the patient may have a dry hacking cough which remains non-productive.

Patients are usually admitted to hospital about the third or fourth day of the disease. They will have a temperature varying from one hundred to one hundred and three degrees and sometimes higher; the more severe cases may be as high as one hundred and five. It is rather typical that, on the first few days of the disease, the temperature is comparatively low but reaches its peak about the fourth day. There is very little increase in the rate of respiration. As the temperature increases, the patient will probably develop tachycardia. The white blood count is low, usually about six thousand or possibly eight to nine thousand; cases have been reported with a white count as high as thirteen thousand. Sedimentation rate is increased. Herpes are uncommon; cyanosis and dyspnoea occur only with the acutely ill patients. Vomiting is not uncommon and is usually associated with severe headache. Pleural involvement is rare.

On admission, there are frequently no physical signs in the chest. After a few days they do occur and are scattered over the chest; the involvement is frequently bi-lateral. Signs may appear one day and be absent the next. Blood cultures are negative, and sputum cultures show only the usual throat organisms. Enlarged spleen frequently

occurs. Fever remains elevated a variable length of time but is usually normal in nine days and falls by lysis. There is no response to chemotherapy.

The x-ray findings are out of proportion to the clinical signs. The involvement is not usually lobar in distribution nor is it as dense as seen in the consolidation of pneumococcic pneumonia. Rather, the changes are mottled in appearance, affecting one lobe or more in patchy distribution. The involvement of the lower lobes is most common, but lesions do appear in the upper lobes and have, on a few occasions, led to x-ray diagnosis of pulmonary tuberculosis. The incubation period has been reported to be about eighteen days. It is a highly infectious type of pneumonia; so much so, that a few hospitals have been almost forced to close their doors for a time because so many of the doctors and nurses were ill. The disease also breaks out in military camps and quickly spreads through a barracks. Quite a few soldiers have been admitted to the Royal Victoria Hospital suffering from a mild or moderate type. These patients may thus be observed in hospital when a person in civil life would probably be confined to bed at home.

Previous to this winter, if the patient showed physical signs on admission, sulpha drugs would be given immediately, only to be discontinued later when it was proven they were of no benefit; or again they would not be given on admission because no physical signs were present and then given later when signs developed. Sometimes they were given more or less on the chance that they might be of benefit. Now, if on admission a diagnosis of virus pneumonia is made, the patient is simply put to bed and given symptomatic treatment. Forced fluids and light diet are given until the temperature is normal. Tepid sponges are given for a temperature of one hundred and three degrees or over, and codeine is ordered at appropriate intervals to relieve cough.

Blood cultures may be done and, if possible, sputum cultures are obtained every second day for ten days; the repeated cultures are of course purely for investigation. Usually within three to four days after admission the patient is feeling quite well, and thinks that he is being confined to bed unnecessarily. Care does have to be taken that these patients are not allowed up too early, as the disease is particularly slow in clearing up. In conclusion it might be said that there seem to be three distinct types: (a) patients who are up and about and are discovered to have rales; (b) moderately ill patients who are confined to bed; (c) acutely ill patients. Very few deaths have been reported.

A patient who is acutely or even mildly ill with virus pneumonia is at once a challenge to the nurse. With the increasingly spectacular results of chemotherapy during the past few years, the nurse has been robbed of a great deal of her previous glory—once more it is the nursing care, and the patient's own resistance, that will lead to a speedy recovery.

M. L. I. C. Nursing Service

Marie E. Cantin, head nurse of the Mount Royal Nursing Staff in Montreal, has been loaned to the School of Public Health Nursing, University of Montreal, for a period not to exceed eight months, to act as assistant to the director.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

Advantages of a Central Dressing Room

SISTER HELEN MARIE, R. N., *and* C. BRYANT

The staff of the central dressing room at St. Paul's Hospital, Vancouver, are responsible for all routine dressings, all services rendered to the physician in regard to dressings, spinal punctures, aspirations, etc., and last but not least — the instruction of the student nurse in the performance of these duties.

To perform these functions satisfactorily, it is important that the department be situated centrally and constructed in such a way that the work may be done conveniently and in a minimum of time.

The work room is so arranged that equipment returned from the various floors may be (1) thoroughly cleansed (this is done by a maid); (2) inspected for any deficiency which is repaired at once or the article sent out for replacement; (3) wrapped for autoclaving, boiled or chemically sterilized, as the case may require. If the article does not require sterilization it is returned to the equipment room ready for immediate use. Doctors' dressing carts, which have been used, are also returned here to be cleaned and reset.

The sterile supply room adjoins the work room and such sterile treatment trays as catheter, douche, nose and throat irrigations, and such unsterile equipment as enema sets, murphy drip apparatus, and colonic irrigations, occupy one side of the room. The opposite side is reserved for larger set-ups such as spinal puncture trays, thoracentesis, abdominal paracentesis, emergency suture sets, and dressing carts. The sterile supplies to replenish these are stored in a table in the centre of the room. Eight small dressing carts are reserved entirely for the use of doctors or special nurses who may wish to do dressings. Two larger dressing carts are set up for the use of the student nurses who are assigned to routine dressings. They are so arranged as to accommodate sufficient supplies for one round of dressings.

The equipment room is reserved for the storage of hot water bottles, ice caps, air rings, Wangensteen sets, and all extra equipment that is not, of necessity, kept sterile. Here the student is taught the care and storage of rubber goods, and perhaps most important, that efficiency consists in having everything returned to its place in good condition immediately after use.

The oxygen storage room is concerned entirely with the upkeep and dispensing of oxygen and carbon dioxide and the care and use of the apparatus. In her senior week each student is given a short lecture on the operation of the

apparatus, the therapeutic value of oxygen, and the care and management of a patient in an oxygen tent.

The splint room has to do entirely with the dispensing and care of splints and orthopaedic appliances.

The solution room pertains entirely to the dispensing and administration of intramuscular and intravenous medications. This unit is separate in staff and equipment in order to keep it free from any possible source of contamination. A graduate is in charge with two students to assist her. Here the student is taught the therapeutic value of the various medications, the proper methods of administration, and the care of the equipment used. The graduate holds a conference every two weeks for all the students in the department, explaining in detail the procedures encountered. A student is asked to write on some phase of her work and presents this outline before the whole group in the department on each alternate two weeks.

An interesting wartime measure may be mentioned here: the graduate nurse and her relief are permitted to administer all intravenous infusions of glucose and saline. This practice we know is not us, thus far, very gratifying results. The general in hospitals, but it has brought interne's valuable time is hereby saved and no difficulties have been encountered.

Assignment of students by rotation: the student is first assigned to the workroom where she assists the wrapping of supplies for autoclaving, and learns how to operate the autoclave. She is also responsible for the sterilization and setting up of the treatment trays and for the upkeep of the cupboards which they occupy. Thus she is taught the necessity for absolute cleanliness; preparation of articles for sterilization; methods of sterilization; and the importance of rigid technique throughout. Here the student sees the intake and output of therapeutic materials at a glance, and can develop a sense of values and an appreciation of the efficient functioning of each part for the benefit of the whole. Here she becomes familiar with all types of special equipment and is given instruction in connection with its value, care, and storage.

Routine dressings are so numerous and so varied in type that it is most important to carry out a strict technique, in order to prevent carrying infection from one patient to another. In our department two students are assigned to dressings for one week, each preceding the other by three days. We have found that under this system full teaching and supervision can be given to the student by a competent and experienced graduate nurse. Routine instructions are typed and kept in a Kardex system for reference at all times. This latter method greatly helps the students on the 3 to 11.30 shift, which is under the supervision of one graduate only.

During the last or senior week in the department the student is responsible for all spinal puncture, thoracentesis, and trays of like nature, under the supervision of the graduate. All students going through the department are taught to assist the doctors with dressings. These calls are made from the floors by either the general telephone or by a house telephone which connects directly with the central dressing room. The student then takes a small cart and accompanies the doctor on his round. During the student's course in the dressing room she is asked to write about and demonstrate some phase of her work. This task is assigned to her two weeks in advance, and stimulates her interest and initiative to study the procedures which she encounters in the department.

A systematic routine preparation of patients for operation is carried out very satisfactorily by the central dressing room. The area is cleansed and shaved the previous night and, on the morning

of operation, the area is inspected by the graduate, painted with alcohol, or such medication as the doctor desires, covered with a sterile towel, and held in place by a binder. All bone preparations are started, and the limb is kept sterile, for 48 hours previous to operation.

The advantages of this system, in our experience, are many:

1. Every student is able to receive the benefit of dressing room experience during her training, whereas this was not possible before.

2. This training is given systematically and according to high standards.

3. Since "many heads are better than one", and "in unity there is strength", an organized staff specializing in one of the many units of work within the hospital is able to devise higher standards and advance in the study of their subject.

4. Nurses acquire the habit of cleanliness in the set-up of equipment, and judgment in the use of materials. The strict rule of returning equipment develops in the nurse the sense of responsibility and carefulness.

5. Statistics of the department can be more readily kept since a record of all dressings and treatments as well as the use of materials is available.

6. From the standpoint of economy our central dressing room has been found to be of much value. Requisition and control of equipment are simplified by means of requisition slips and a slot marked board. Each card marks the department and room number to which the equipment has been taken, and it is dropped into the slot on the board. When the equipment is returned the card is signed with the date and filed. A daily record of all treatments and dressings is kept.

An Important Appointment

As the *Journal* goes to press, announcement has just been made of the appointment of Elinor Mathilde Palliser as superintendent of nurses of the Vancouver General Hospital. A broad professional experience which includes private nursing, teaching and administration, in addition to tolerance, a fine sense of humour, and an ability to bring out the best in her associates, are among the assets which she takes to this new assignment.

Miss Palliser was born in Lachute, Quebec, and received her education there and in Montreal where she later taught in the public schools. She began her nursing career at Johns Hopkins Hospital, Baltimore, in September 1918. Almost immediately she was plunged into the unforgettable days and nights of the influenza epidemic. She escaped the disease herself, and, although admitting that such a drastic initiation is not entirely to be recommended, she

ELINOR M. PALLISER

did learn to meet war conditions and dire emergencies calmly, as well as many other things which have stood her in good stead. Graduation in 1921 was followed by a period of private nursing in Baltimore, and later in Montreal. In 1927, Miss Palliser was appointed assistant superintendent of nurses at Wellesley Hospital in Toronto. This experience impressed upon her the importance of special preparation for such responsibilities, and in the autumn of that year she entered the School for Graduate Nurses, McGill University, registering in the course in teaching in schools of nursing. Upon completion of her studies she returned to Wellesley Hospital as instructor, and continued in that capacity until August 1936. After a few months of well-earned relaxation, including a Mediterranean cruise, she was appointed assistant superintendent of nurses of the Guelph General Hospital. Miss Palliser remained there until September 1941, when she returned to McGill University, and in May 1942 she received the certificate in administration in hospitals and schools of nursing.

Last summer Miss Palliser visited the Vancouver General Hospital at the request of the Board, and accepted an appointment as superintendent of nurses, to take effect early in 1943. Much of the intervening time has been spent in observation in some of the leading hospitals in the United States to see how schools of nursing are meeting the challenge to maintain essential services and standards, while adjusting to wartime pressures. For the past three months, Miss Palliser has been a member of the teaching staff of the School for Graduate Nurses at McGill University.

Apart from a full and happy professional life, Miss Palliser has found time to make lasting friendships, and to indulge in her hobbies which include music, art, photography, a good game of golf, and, last but not least, to preserve her wholesome and optimistic philosophy of life. — M. S. M.

Overseas Mail

The following excerpts are quoted from a letter received by Miss Eileen Flanagan from Matron Suzanne Giroux who is serving with the R.C.A.M.C. Nursing Service overseas:

Our group has been very fortunate lately. An organization has been formed for the purpose of helping foreign groups to know England. As we are French-speaking, we have been given very special attention and received a big box of books, all of them so interesting. They describe English life, English children, English schools, artists, musicians —a perfect choice. Beautiful original coloured prints (the kind you always want to buy and can never afford) were lent to us, and are very attractive. Now, if we can get a good piano, they will send us musicians and brilliant speakers. Well! it is very nice to be French-speaking in England.

We are indebted to Miss E. Frances Upton for permission to quote from a letter addressed to her by Miss May Tilton, an Australian Nursing Sister who rendered outstanding service in the last war: "Our wonderful men have done grand work under most terrible conditions but they are living up to the good name Australian men have won in the past. Our country may be in danger but we are not going to lose it in spite of a cunning and fanatical enemy. Australia is producing all the modern weapons of war and, with the help of our grand allies the Americans, I think we shall brush up our folk a trifle. They certainly get things done and red tape does not worry them as it does our countrymen. We are making a public appeal in aid of a fund which is being gathered for the benefit of army nurses who may need help in the years to come and all we old army nurses are taking part."

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Labour Exit Permits

In these *Notes* in the March issue of the *Journal* the decision of the Executive Committee of the Canadian Nurses Association is quoted in regard to requests by nurses to the Department of Labour for exit permits. Following the meeting of the Executive Committee, due to increased correspondence and complications arising from requests for such exit permits, the President and the Emergency Nursing Adviser of the C.N.A. were invited to confer with the Assistant Director, National Selective Service (Women's Division) and the Officer in charge of labour exit permits of the Department of Labour. It was then realized that the co-operation of the C.N.A. and the provincial associations of registered nurses with National Selective Service is essential in order that such requests may be dealt with intelligently, and that the C.N.A. accept responsibility for giving information to help National Selective Service make decisions regarding the issuing of permits.

The individual cases discussed with the federal officials were classified under several headings as: (1) registered nurses actively engaged in nursing in Canada applying to go to the United States; and (2) registered nurses in Canada applying to go elsewhere in the British Commonwealth. It was decided that individual cases in these categories should be referred to the National Office of the C.N.A., as the problems involved are national in character. It was felt that only in very special circumstances could requests for permits from nurses included in group one be given consideration; this would include nurses asking permission to go to the United States for post-graduate study during the duration.

The problems relating to other groups as listed herewith are to be referred to the provincial association of registered nurses concerned:

1. *Potential student nurses making application to enter schools of nursing in the United States who cite various restrictions in Canadian schools*: The only justification for granting of permits to this group seems to be limited to those of special religious faiths and coloured students who cannot be placed in Canada.

2. *Married nurses and other nurses who claim they are unable to find appropriate fields of service in Canada*: It is felt that each of these cases must be dealt with individually and that the required information can best be given to National Selective Service by the provincial association to which the applicant belongs.

3. *Appeals for nurses by industrial firms and other organizations in other countries*: It is felt that because of the vital requirements for nursing service in Canada it is impossible to consider these requests favourably at the present time.

A general decision reached was that all applicants for labour exit permits who are over 55 years of age and those with indifferent health might be given special consideration.

In view of representations made by several provincial associations to the Canadian Nurses Association, National Selective Service was informed that it would be advisable for the latter's officials to write directly to the provincial association for information about the applicant in question rather than to refer applicants to their respective associations. In this way the officials of National Selective Service will receive reliable information which they will use when making decisions regarding each applicant. The Canadian Nurses Association representatives were informed that prompt attention to each case would be necessary in order that the federal officials may deal with applications within a reasonable time and that this would be requested with the understanding that all information concerning applications is to be treated confidentially.

In the event that the applications received cannot be classified as outlined above, it is anticipated that representatives of the Canadian Nurses Association will be invited to confer again with the federal officials.

British Civil Nursing Reserve

Arrangements were recently completed by the High Commissioner for the United Kingdom and the Under Secretary for External Affairs with the British Ministry of Health by which the Canadian Nurses Association is to recruit volunteers for the British Civil Nursing Reserve.

Due to federal restrictions to the granting of labour exit permits to nurses, the recruiting of volunteers is limited to registered nurses with close relations in Great Britain, such as married nurses whose husbands are serving with Canada's forces overseas, and to former residents of Great Britain now residing in Canada or the United States who are able to produce evidence of their status or previous status as State Registered nurses. The maximum age of volunteers is 45 years.

Application forms and detailed information may be secured from the office of each provincial association of registered nurses.

Courses for Graduate Nurses

Some time ago the provincial associations of registered nurses were asked to send to National Office a list of courses available to graduate nurses. From the information received the following statement on available courses in clinical nursing has been prepared: *Alberta*: Provincial Mental Hospital, Ponoka: psychiatric nursing. *New Brunswick*: Tuberculosis Hospital, East Saint John: nursing in tuberculosis. *Ontario*: Hamilton General Hospital: nursing in obstetrics; length of course, 14 weeks, commencing Jan. 2, April 1, and October 1. St. Michael's Hospital, Toronto: eye, ear, nose and throat (4 weeks); major and minor operating rooms (12 weeks). *Quebec*: Children's Memorial Hospital, Montreal: paediatrics. Alexandra Hospital, Montreal: communicable diseases. Royal Victoria Hospital, Montreal: operating room technique and management; medical nursing; surgical nursing; nursing in the diseases of the eye, ear, nose and throat; nursing in urology. Women's Pavilion, Royal Victoria Hospital: nursing in obstetrics and gynaecology. Verdun Protestant Hospital, Verdun: mental nursing. Announcements concerning some of these courses are published in the advertising columns of the *Journal*. Requests for information should be sent to the superintendent of nurses.

Full time, partial and extension courses for graduate nurses, as organized by departments of nursing, are offered by several universities: University of Alberta, Edmonton; University of British Columbia, Vancouver; University of Western Ontario, London; University

of Toronto, Toronto; University of Ottawa, Ottawa; University of Montreal; McGill University, Montreal; St. Francis Xavier University, Antigonish, N.S. Announcements by several universities appear in the advertising columns of the *Journal* and each university issues a calendar which is sent on request.

Part-time Hospital Employees

The Honourable, the Minister of Labour, has issued an order under National Selective Service Civilian Regulations, providing that hospitals may engage part-time workers directly. In future, where a hospital wishes to engage staff for not more than 24 hours work a week, it will not be necessary to secure National Selective Service permission: however, Selective Service Regulations will continue to apply fully to regular hospital staffs. The intention of the order is that persons not normally in the employment market, particularly married women and handicapped persons, may be available for casual or part-time employment with hospitals. The Minister of Labour issued the order following representations from the Canadian Hospital Council, which pointed out difficulties in securing a sufficient number of suitable workers in some parts of the country. It was represented that some such arrangement as that provided for in this recent order might assist in meeting the situation. Employment in hospitals is given a high priority by National Selective Service.

Book Reviews

Materia Medica, by Velyien E. Henderson, M.A., M.B., F.R.S.C., F.R.C.P. (C), head of the Department of Pharmacology, University of Toronto, and Winnifred L. Chute, B.A., Reg. N., lecturer in science and nursing, School of Nursing, University of Toronto. 160 pages. Illustrated. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price $1.50.

So far as the present reviewer is aware, this is the first time that "a Canadian text for Canadian nurses" has been written and published in this country. It is extremely gratifying that one of the authors, Winnifred L. Chute, is a nurse who has achieved outstanding success as a teacher of science in the School of Nursing of the University of Toronto. In response to some enquiries, Miss Chute made it clear that Dr. Henderson is the senior and chief author and that the book was, therefore, shaped and planned by a recognized authority in the field of pharmacology. Nevertheless, it is quite apparent that Miss Chute's collaboration has greatly enhanced the value of the text. Every chapter is closely related to actual nursing situations.

The outstanding feature of the book is its brevity. It contains only 160 pages as compared with 791 in a widely used text on the same subject. Great skill has been shown in presenting only the essentials of each topic while, at the same time, avoiding over-simplification. In the difficult process of selection, the authors have evidently been guided by a principle which they define as follows: "The source and physical character of drugs are of much less importance than their actions and use". The general approach is made by outlining the functions of each physiological system and then discussing the action of the drugs which modify these functions. Several excellent drawings amplify and illustrate the text. An extra chapter is devoted to solutions in which the Imperial (Avoirdupois) units of measurement are used and their relationships to the metric system are clearly indicated. A number of tables and practical problems will be helpful to the instructor.

A young nurse who glanced through this book is reported to have said: "If our school had used this text I might have known what materia medica was all about". We rather think she is right.

Doctor in the Making — the Art of Being a Medical Student, by Arthur W. Ham, M.B., Associate Professor of Anatomy,

University of Toronto; and Mary D. Salter Ph.D., lecturer in the Department of Psychology, University of Toronto. 175 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price $2.50.

One's first reaction to this stimulating little book is to wish that someone would write another just like it for the benefit of nurses. Indeed many a student nurse would profit from reading it just as it stands. To begin with, the authors thoroughly understand the needs of young people, for the most part just out of high school, who find it difficult not only to plan their academic work intelligently but even to realize its true importance and value. Thoroughly practical suggestions are given regarding study methods and the organization of material. The best chapter in the whole book has the disarming title of "Your child-self" and deals with many of the problems of adjustment and emotional control which confront young men in their every-day lives. The book is enlivened by amusing line drawings, and is attractively bound.

Introduction to Psychiatry, by W. Earl Biddle, M.D., Senior Physician, Warren State Hospital, and Mildred van Sickel, B.S., R.N., Instructor of Nurses, Warren State Hospital. 358 pages. Illustrations. Published by W. B. Saunders Company; Canadian Agents: McAinsh & Co. Limited, Toronto, Ont. Price $3.25.

In the preface to this book, the authors say that its purpose is to serve as a bridge between general medicine and psychiatry. Certainly it should prove very helpful to nurses and nursing attendants in solving the practical problems encountered in the care and treatment of mentally diseased patients. A successful effort has been made to dispel the air of mystery that usually surrounds psychiatry and to show that psychotic patients are normal in some respects and have their own reasons for their peculiar behaviour. The first of the two sections into which the book is divided serves as an orientation to nursing service in a mental hospital, describes the care of the new patient, and indicates the therapies commonly used. The second section offers an introduction to the foundations of psychiatry and outlines the etiology and symptomatology of mental disease. Special chapters are devoted to a discussion of various types of abnormal behaviour and to functional and organic psychoses. There is a brief annotated bibliography.

Emergency Care, by Marie A. Wooders, B.S., R.N., Principal, School of Nursing, Hackensack Hospital, Hackensack, New Jersey, and Donald A. Curtis, M.D., Lieutenant-Colonel, Medical Reserve, Commanding 342nd Medical Regiment, United States Army. 541 pages. Illustrated. Published by the F.A. Davis Company, and in Canada, by The Ryerson Press, Toronto. Price $4.40.

Great emphasis is now being placed on the importance of handling emergencies with promptness, intelligence and skill. These are by no means confined to the results of enemy action but are also encountered in normal civilian life, especially in industry. The subject matter is divided into six units which deal with general emergencies, hospital accidents, accidents due to individual activities, occupational emergencies, public emergencies, national and civil emergencies. The chapter devoted to hospital accidents is particularly valuable from a nursing point of view and could well be made the basis of a staff conference. Industrial nurses and school nurses will find many useful suggestions related to their special fields. Lively and amusing line drawings help to emphasize important points. Nurses who teach first aid measures would find this book most valuable.

I Served On Bataan, by Juanita Redmond, American Army Nurse Corps. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price $2.25.

This is a vivid and first-hand story, told by an American Army nurse, of what happens to nurses in modern tropical warfare. The whole truth about the military situation at Bataan will not be revealed until the war is over but the unconquerable spirit of the men and women who shared that tragic experience did not falter even in the shadow of defeat and surrender. The author was a member of a medical unit which accompanied the troops in the retreat to the Bataan

peninsula, following the occupation of Manila by the Japanese. Here the unit set up a makeshift hospital and settled down to work. Harassed by heat and dust and flies, the nurses cared for desperately wounded men as well as for patients suffering from malaria and dysentery. Indispensable medical supplies such as quinine and sulfa drugs began to dwindle. The long expected reinforcements failed to materialize. Then the Japanese bombers came, and the hospital became a shambles. At night, the nurses had to take shelter in fox holes and yet they managed to encourage exhausted and despairing patients to keep up a fight for life. One morning, the nurses were suddenly told that they were to be evacuated, first to Corregidor, and then to Australia by plane. They had to leave their patients without even knowing why. But the bitter truth was that Bataan had been forced to surrender. Everyone came to say good-bye to them — "They said it had been good working with us. They said we had been brave soldiers". Even the American Army Nurse Corps could ask for no higher praise than that.

Nurses in Action, by Colonel Julia Flikke, superintendent of the American Army Nurse Corps. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price $3.00.

If you would like to know what it is like to be a member of the American Army Nurse Corps, either in war or in peace, this is the book to read. Colonel Flikke traces the development of the Corps through the years of the Civil War, the Spanish War, and the first Great War. Then, for good measure, there is a thrilling story of the exploits of the A.N.C. in Bataan and Corregidor. Fascinating glimpses are given of all sorts of strange places in remote parts of the world which, before the war, no one ever visited. Useful information is offered about qualifications, rates of pay, and conditions of employment. The various service uniforms are described and appear to include everything from Esquimaux parkas to sun helmets. A clear and practical outline is also given of the advantages and opportunities which the American Army offers to nurses in time of peace.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Mary Martin, a graduate of the Chatham General Hospital, has been appointed temporarily to the Surrey staff.

Glennis Locken and *Olive Jacobs*, graduates of the Winnipeg General Hospital, have been appointed temporarily to the Winnipeg staff.

Dorothy Sisson, a graduate of the Victoria Hospital, Winnipeg, has been appointed temporarily to the staff of the Trenton Branch.

Isabel King, a graduate of the Nicholls Hospital, Peterborough, has been appointed temporarily to the Peterborough staff.

Mrs. K. Burbank (Kathryn Porteous) formerly on the Cornwall staff, has been appointed to the staff of the Montreal Branch.

Shirley Brown, a graduate of the University of Toronto School of Nursing, has been appointed to the Toronto staff.

Helene Parent, a graduate of Providence Hospital, Montreal, and of the School of Nursing University of Montreal, has been appointed to the Montreal staff.

Arlie Wright has been transferred from the Ottawa staff as temporary nurse-in-charge of the Timmins Branch.

Mrs. Edith Langler has resigned from the staff of the Timmins Branch.

Grace Jones has resigned from the staff of the Brantford Branch to be married.

Jean Myles has resigned as nurse-in-charge of the Timmins Branch to be married.

Frederica Johanneson has resigned from the staff of the Winnipeg Branch to take up other work.

Mrs. Louise Rickwood (Hartman) has resigned from the staff of the Toronto Branch.

Reta Myers has resigned as nurse-in-charge of the Digby Branch to take up other work.

Audrey Prendergast has resigned from the staff of the Toronto Branch to accept a position with the Toronto Department of Health.

Homoeopathic Hospital Scholarship

The Alumnae Association of the School of Nursing of the Homoeopathic Hospital offers a scholarship valued at $200 to assist a member of the Association to undertake a post-graduate course at the McGill School for Graduate Nurses during the term October 1943 to May 1944. The subjects in which this course may be taken are: public health nursing; instruction and supervision; administration when warranted. The Scholarship is available to any member of the Alumnae Association who is in good standing and possesses the required qualifications. Application blanks may be obtained from the Secretary, Miss Marion Stewart, 2050 Claremont Ave., N.D.G. All applications must be in the possession of Miss Stewart on or before 7 p.m., May 15, 1943.

A Diamond Jubilee

The School of Nursing of the Victoria Hospital, London, Ontario, celebrated its sixtieth birthday in April with appropriate festivities. The intervening years have brought many changes and much progress since in 1883 Sister Florence, of the Order of St. John, organized the School and trained the first three nurses. At this year's graduating exercises, sixty-one nurses received their diplomas thus bringing the total to one thousand four hundred and fifty-nine. Caroline Robb (now Mrs. Rose), a member of the Class of 1887, was specially honoured on this happy occasion.

Several outstanding nurses have guided the destinies of the School—among them the late Margaret Stanley, an administrator and educator of great ability. Under the competent direction of Hilda M. Stuart, who is herself a graduate of the School, the fine tradition of the past may be carried on in an ever widening field of service.

A Friendly Gesture

According to the regulations of the Canadian Government, nurses who wish to seek employment in the United States must first obtain official permission to leave Canada. But one of these days, the war will be over and these restrictions will probably be removed. When that time comes, Canadian nurses will be pleased to find that, by virtue of a recent amendment to the State of New Jersey Nurse Practice Act, they may register in that State "by reciprocity on the same basis as registered nurse graduates of the other States in the United States". Miss Wilkie Hughes, general secretary of the New Jersey State Nurses Association, writes that the amendment was passed and the Governor of New Jersey signed the bill on December 23, 1942.

Obituaries

Isobel Stewart died recently after a brief illness. Miss Stewart was a graduate of the School of Nursing of the Saint John General Hospital, Saint John, N. B. and was one of the first military Nursing Sisters to be appointed at the time of the first great war. Prior to her retirement, Miss Stewart was a member of the nursing staff at the Ste. Anne de Bellevue Military Hospital.

Edith Pearl Wemp died recently. Mrs. Wemp was a graduate of the School of Nursing of the Public General Hospital, Chatham, Ontario, and an active member of the Alumnae Association.

STUDENT NURSES PAGE

Night Duty

KATHLEEN MACDONALD

Student Nurse

School of Nursing, St. Elizabeth's Hospital, Humboldt, Saskatchewan

Does a junior ever begin her first night duty term without an intense feeling of inadequacy, realizing that a door is being opened to her, another step forward into the mysterious field of nursing? The knowledge that you stand on guard to do your utmost to relieve suffering is romance as found in books until, pitting your strength against suffering and death, you find it is not romance but grim reality you are facing.

I started my night duty term on the first floor of a three-floor hospital, with two nurses to a floor and a supervisor over all. Three hours alone, when the senior nurse was off duty, meant responsibilities never before assumed. Three hours silently pacing the corridor I listened for irregular breathing, sighs and moans. The supervisor, an understanding and sympathetic person, probably remembering her own junior days, came often to give advice, a warning or a word of praise. Treatments must be carried out promptly and carefully, no drugs administered without permission of the supervisor were the first orders received from my senior. Humbly I promised to do my best. In our early lectures the instructor on enumerating the qualities of a good nurse said: "two of the most essential qualities are patience and understanding. Not hard qualities to acquire!" No, maybe not; but it was when tired, worried and homesick, I went from bed to bed and heard woeful tales from fretful, pain ridden patients that I learned why she stressed those two qualities as being so important.

Quietness must be observed at all times. A junior is apt to be forgetful and bang doors, but when she was called back and made to close them quietly, a shame-faced little nurse made resolutions never to slam another.

A rapid, fluttering pulse to me was a sign that death hovered near. Fearfully I ran for the supervisor. Calmly taking her watch, she counted the pulse while I tried to read her unreadable face. Glancing kindly at me, she whispered: "It's all right, just make her as comfortable as possible." Oh, the relief! But death strikes at patients who to me appeared to be the most unlikely victims. After asking one patient how she felt she replied: "I haven't had as good a night since I came in." Half an hour later she was dead. That day my sleep was haunted by a vision of her. Was it my fault, did I do (or not do) something that I should have?

Work has to be planned so that it

not only covers the known amount but allows for any emergency that may arise. At six o'clock, just an hour before the arrival of the day-staff, a little boy with convulsions was brought in. The doctor's orders were to watch him closely and, as I did not know anything about convulsions, I was left to complete the other morning work. What was I to do first? Running here and there I seemed to accomplish nothing. From the source of three years of experience the senior nurse's advice was: "Relax, give the treatments, finish the charts, and leave all minor details to the last." Sound advice for any junior.

At the termination of my night duty term I realized what Florence Nightingale meant when she said: "Those who undertake nursing must not be sentimental enthusiasts but downright lovers of hard work."

Good Ideas from South of the Border

Although schools of nursing are increasing their enrolment, the general evidence points to a decreasing number of faculty members and mounting inadequacies in instructional facilities and housing. In order to find out what the conditions actually are all over the United States, the Department of Studies of the National League of Nursing Education sent out a questionnaire to the 1300 state-accredited schools. Here are the outstanding facts of the study:

Shortage of Teaching Staff—Schools are unanimous in emphasizing the necessity, first, of holding within the schools the faculty members now employed and, secondly, of providing additional ones in schools where the student body is greatly increased.

Nurse Science Instructors—Tap all community resources for the teaching of science. Arrange a co-operative plan with a nearby school of nursing. If classes are so large that they cannot be taught as one, it may still be a more efficient procedure to co-operate with another school by exchange of instructors. It is easier for an instructor to teach one subject twice than to teach two different subjects.

Many schools indicate that it is satisfactory to provide for teaching of sciences in a university or college in the vicinity, and to employ non-nurse science instructors when there are no qualified nurses available. A few indicate that employing visiting teachers is satisfactory.

Nursing Arts Instructors—Every effort should be made to keep an adequate staff for teaching the basic care of patients. The nursing arts instructor may, however, plan with the clinical instructors (supervisors and head nurses) to have assistance from them for certain portions of the introductory nursing courses, when an additional instructor for an hour or two would make it possible to have more students practice simultaneously, thus freeing the classroom for other purposes and enabling the student group to progress more rapidly. Additional clerical help and non-professional laboratory assistance, might appreciably diminish the desk work and classroom preparation of the nursing arts instructor and permit her to spend more time in direct supervision of students giving care to patients.

One way in which schools are attempting to meet faculty shortages is by bringing back inactive nurses to serve in a teaching or administrative capacity. A mature and physically active person, whose basic professional preparation was

of good quality and who has been instructed in the most significant developments in nursing schools since her last contact with them, can, under guidance, make a distinctly beneficial contribution to the introductory program in nursing.

Clinical Instructors—There are no effective alternatives for clinical instruction in schools of nursing. Schools should make a continuous effort to secure good supervision and clinical teaching by making replacements of personnel lost to the armed services and to other activities. Where such replacements cannot be made with equally well-qualified persons, it may be possible to arrange for members of the faculty to take short leaves of absence for study, to improve their preparation through university extension courses, or to provide faculty educational programs within the school.

Administrative assistants, even though not highly qualified or long-experienced, may be employed to relieve clinical instructors who have administrative responsibilities in the nursing service from the pressure of directing the activities of large numbers of workers and thus free the instructors for teaching and supervision of students. Here again, clerical and other non-professional assistance can be employed to good advantage.

Inactive nurses who have been out of contact with a clinical field for only a few years might be employed as clinical instructors. If the preparation and experience of such inactive nurses are not adequate for teaching, they might be inducted into ward administration and be employed as administrative assistants.

Scheduling Classes — A constant source of difficulty in many schools is the making and maintaining of class schedules. Crowding of classrooms and shortage of rooms because of larger classes, more frequent admissions, educational programs for auxiliary workers, and so forth, present a serious problem.

Some schools report that scheduling of classes on the basis of four terms per year (quarter system) has helped their situation; others suggest that three terms per year (trimester) is a satisfactory arrangement.

Crowded classrooms and loss of time in assembling for classes may sometimes be relieved by sectioning classes and, if possible, scheduling the same group for two consecutive hours in the same room, alternating days for sections of the same class. Crowded laboratories may also be relieved by sectioning classes. If sections are too crowded for students to get value from individual experimentation, a limited number of well-staged demonstrations might be more valuable than unsupervised and poorly comprehended individual work.

Difficulty in releasing students from ward practice to attend classes has been given as a reason for failure to maintain class schedules. If the number of students is increased, it may be possible to reduce the ward practice schedule so that more time for classes and study is allowed. Analysis of an overburdened curriculum may reveal periods of class concentration which could be spread more evenly in some instances. Analysis of the content of each course might result in reduction of total class hours. Maintaining correlation of theory with practice appears to be a hard task for many schools. Deviation from the existent pattern may be necessary. Aim at scheduling classes before assignment to practice if theory cannot be taught parallel with experience. Keep the time lapse between classes and assignment to practice as short as possible.

Reserve presentation of technics or special nursing care problems for clinical teaching program to be given while the student is having clinical experience.

Clinical Facilities — Since practice assignments are an essential phase of the nursing school program, the number of students admitted to a school should be kept within the educational scope of the available clinical facilities. Most of the

schools that have tried the following ways of augmenting clinical experience indicate that they are satisfactory:

1. Affiliate with other schools or agencies which have suitable facilities.
2. Co-operate with other schools in opening up new facilities that could be used for students from several schools.
3. Make better use of the educational facilities of out-patient departments.
4. Study the time element in clinical services required for learning and mastery of essentials.

Housing Facilities — One of the greatest barriers to increase in enrolment appears to be lack of living accommodations. The following five items, included in a check-list recently sent out, represent ways in which this problem might be met:

1. Rent additional houses.
2. Let graduate staff nurses live outside and use rooms for students.
3. Allow certain students to live in their own homes if in the vicinity.
4. Erect new buildings, if permitted, in areas where houses are not available for renting.

Many schools report that they have tried renting additional houses, allowing graduate staff nurses to live outside, and allowing certain students to live in their own homes in the vicinity of the hospital. All of these methods are rated satisfactory. Only one school thus far reports that renting additional houses is unsatisfactory. Two schools report that additional beds have been placed in rooms; both schools indicate that this is an unsatisfactory way of meeting the need for extra housing. One school reports the renting of rooms in the community for senior students as a very satisfactory solution of the housing problem. It is assumed that, if a school rents rooms in the community for students, adequate investigation of the homes will be made in advance by the school and provision made for supervision of the living conditions.—*From the Bulletin of the National League of Nursing Education.*

NEWS NOTES

ALBERTA

EDMONTON:

At a refresher course held recently for the nursing staff of the Alberta Public Health Department, Dr. Cantor gave a talk on the sulfa drugs and vitamins; Dr. A. Somerville, director, Division of Communicable Diseases, discussed toxoids and vaccines; Dr. Mildred Newell spoke on obstetrics and Mrs. Ross Vant on nutrition. The subjects were particularly well presented and the course proved to be a great success.

A farewell tea was held recently in honour of Miss Kate S. Brighty who has resigned as superintendent of public health nurses, and has taken up her residence at Royal Oak, B.C. On behalf of the group, Miss M. Lavell presented Miss Brighty with some very fine pieces of walnut furniture and Crown Derby china for her new home. Among the guests of honour were Mrs. William Aberhart, Mrs. W. W. Cross, Mrs. M. R. Bow, Miss I. Drummond-Hay, and Nursing Sisters Young and Story. Miss Brighty will be greatly missed by her staff and many friends in Alberta.

Royal Alexandra Hospital:

The Royal Alexandra Hospital Alumnae Association recently held a dance at which 200 guests attended. Proceeds are for the scholarship fund and the Navy League for Mercantile Marine comforts. Miss Violet Chapman was convenor.

RED DEER:

Miss Rae Chittick, president of the A.A.R.N., was the guest speaker at the recent annual meeting of District 6. She discussed the serious shortage of nurses and also emphasized the increasing need for nurses with special training. The executive for the past year were re-elected. Miss M. Smith is president and Miss E. Milner, secretary-treasurer.

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VEGREVILLE:

An informative and interesting entertainment was recently sponsored by the Vegreville General Hospital for the benefit of the local high school girls. The program included the showing of a film entitled "The White Battalion". Refreshments were served by members of the Alumnae Association and the senior students.

Mrs. René Landry, president of the Alumnae Association, is conducting a class in home nursing and Sister Josephine has very graciously placed the facilities of the demonstration room at her disposal.

BRITISH COLUMBIA

The Chilliwack Chapter, R.N.A.B.C., has now been in existence for nearly two years and is continuing to hold the interest of its members, the programs this year having included motion pictures on x-ray, first aid, and a lecture on war gases. One of our members was able to avail herself of the refresher course held in Vancouver, and 15 obtained mimeographed outlines of the lectures given. Members of the medical staff are kindly enlarging on the topics given, which is proving interesting and instructive. Our average attendance is 20 and, although our membership is small in comparison with larger centres, our interest is keen.

The following members are in office: honourary president, L. Hodgkins; president, K. Crowley; secretary, E. Moody; press, Mrs. William Stevenson; *The Canadian Nurse*, L. Hodgkins; committees: public health, M. Black; hospital, R. Owen; program, Mrs. J. Jones; refreshments, Mrs. P. Abbott; membership: Misses C. Reynolds, Sloan, Mrs. J. Munroe; finance, Mrs. B. Parr; visiting, Mrs. R. Patten; general duty, I. Stevenson; B.C. emergency enrolment committee, Mrs. T. E. Heaton.

MANITOBA

Just before Dr. Marsh's plan for Social Security was put before the House of Commons committee, Dr. O. C. Trainor spoke to a general meeting of the M.A.R.N. on health insurance. After briefly outlining the plan, he stressed two points especially deserving of nurses' consideration — firstly, the advantages of federal administration of the plan as compared with provincial control, and secondly, the need of a clearer definition of work to be done by the ever-growing numbers of practical nurses or trained ward aides. Other highlights of the meeting were a well considered report on National Health Insurance from Miss E. C. Russell of the Provincial Department of Health and Public Welfare, and news of a very thorough recruitment program for student nurses which is being carried on by Mrs. Marion Botsford in the rural areas.

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association, with Mrs. D. L. Johnson presiding, there were 35 members present. The married ladies section was in charge of the meeting. Miss K. Kemp and Miss C. Hutton were named as delegates to the M.A.R.N. annual meeting. The scholarship committee reported several donations from service clubs. Mrs. G. Kratch introduced Mr. and Mrs. McCarten, of the Children's Welfare Society, the former outlining the different phases of social welfare work and the general development of this profession. Mrs. McCarten spoke of the actual work with wards and made an appeal for foster homes for the children. Mrs. H. Robertson thanked the speakers, and a social hour followed.

Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, will be the guest speaker at a special meeting to be held late in April.

NEW BRUNSWICK

SAINT JOHN:

A well attended meeting of the Local Chapter, N.B.A.R.N., took place recently.

Staff members of the organizations housed in the Health Centre met recently at a buffet supper to honour Miss Ada A. Burns who is relinquishing the duties of supervisor of the local centre of the V.O.N. after 14 years in that position. Miss Muriel Sadleir was general convener of the committee in charge, and former as well as present staff members were among those present. A substantial gift in war savings stamps was presented to Miss Burns with the best wishes of her friends and fellow workers.

Moncton Hospital:

Following the business session of a recent meeting of the Alumnae Association a reception was held in honour of the recent marriage of the president, Miss A. Steeves, now Mrs. Jonah. A beautiful gift was presented to her on behalf of the Association.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 1

The annual meeting of District 1, R.N.A.O., was held recently. Mrs. C. I. Salmon presided. Miss Priscilla Campbell, superintendent of the Public General Hospital, Chatham, suggested that graduate nurses visit secondary schools in co-operation with the national recruiting campaign for student nurses. This has been done in Chatham and Kent county. Miss Helen O'Mahoney, convener of the general nursing section, pointed out that plans have been made to establish an adequate nursing service in all communities. The public health convener, Miss Irene Lawson, reported on an extensive immunization program among primary school children against scarlet fever, diphtheria, and whooping cough. The recent innovation of health examinations for secondary school students was reviewed and Miss Lawson also spoke of the organization of industrial nurses into groups for the study of problems relating to their type of work. Dr. John Howie, M.O.H. of Windsor, spoke on the nursing care of poison gas victims. The attending members were guests of the Alumnae Association of Hotel Dieu.

The officers for 1943-44 are: chairman, Mrs. C. I. Salmon; past chairman, Miss J. Wilson; first vice-chairman, Miss M. M. Jones; second vice-chairman, Miss M. Baker; secretary-treasurer, Miss A. Kenny; section conveners: hospital and school of nursing, Miss L. Hastings; general nursing, Miss H. O'Mahoney; public health, Miss M. McLaughlin; committee conveners: membership, Major D. Barr; enrolment, Miss D. Birrell; *The Canadian Nurse*, Miss B. Crawford; publications, Miss N. Williams; councillors: Chatham, Miss H. Gray; St. Thomas, Miss E. Wightman; Strathroy, Mrs. J. Wilson; Sarnia, Miss D. Shaw; Windsor, Miss M. Perrin; London, Miss I. Stewart.

Chatham:

Preliminary steps in the establishment of a Community Registry for Nurses were taken by the Alumnae Association of the Public General Hospital at a recent meeting. The objects will be, first, to provide and vouch for a high standard of all branches of nursing service in the city of Chatham and vicinity which will adequately meet the needs of the homes and hospitals of the community in times of illness; secondly, to centralize calls, for such service, from physicians, hospitals, and the public, and, thirdly, to provide registrants with the advantages offered by such an organization. The following were elected to act for the Alumnae Association: Ruth Hales (president), Dorothy Thomas, Jean Rickard, and Lillian Hastings. An interesting and highly in-

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Winnipeg, Manitoba.

formative talk on public health was delivered by Dr. A. E. Northwood, M.O.H.

District 4

At the annual meeting of District 4, R.N.A.O., interesting reports were given of the activities of the various sections. Miss Helene Snedden, convener, public health section, reported that the industrial group in Hamilton, with a membership of 50, held ten meetings in 1942. The report of the general nursing section was presented by Miss Murray. A community registry has recently been established in St. Catharines. Many married nurses have returned to active nursing to meet the increased demand in hospitals and private duty nursing. Miss Mildred Walker, president of the R.N.A.O., gave an interesting address on professional maturity. She advised that we strive towards an attainable goal, that our success in life is due largely to our ability to adjust ourselves to conditions as they arise.

At a recent meeting of the Niagara Peninsula Chapter, District 4, R.N.A.O., Dr. Gwendolyn Weaver took as her subject "The mother and child". She mentioned that in public health work the pre-school age child has been greatly neglected and that more emphasis should be placed on their care.

A meeting of the Hamilton Chapter, District 4, R.N.A.O., was held at the Hamilton General Hospital. An interesting and instructive lecture was given on the manufacture of blood plasma and serum for civilian and military use by Miss Agnes Scott of the staff of the Hamilton General Hospital (Maternity Division) and Dr. Allan Hollinrake, medical director of the Red Cross blood donors clinic.

Hamilton General Hospital:

Martha Watt, Esther Hatfield, and Eve Young are serving with the Nursing Service of the R.C.A.M.C.

District 5

Toronto:

Women's College Hospital:

The following officers have recently been elected by the Alumnae Association of Women's College Hospital to serve during the coming year: honourary president, Mrs. Bowman; honourary vice-president, Miss H. T. Meiklejohn; president, Miss Lottie Blair; first vice-president, Miss Betty Bowles; second vice-president, Miss Jean Kirkpatrick; treasurer, Miss Winifred Worth; corresponding secretary, Miss Dorothy Anderson; representative to *The Canadian Nurse*, Miss Mary Chalk.

The following is a resumé of the year's activities: A bridge was held in March and

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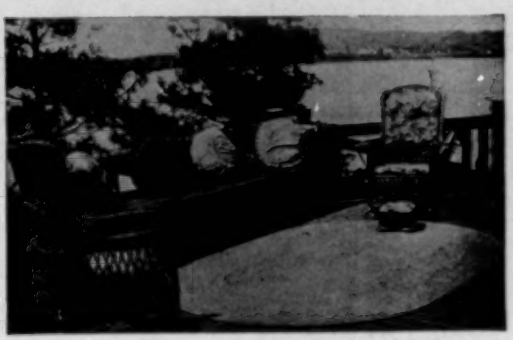

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the proceeds were donated to the British Nurses Relief Fund. Woollen goods, to the value of $25, were donated to the Navy League. The graduation exercises were held in May, and a $100 scholarship was presented for post-graduate work. The artist, Mr. F. Harley, was commissioned to paint a portrait of the superintendent, Miss H. T. Meiklejohn, which was presented to the board of governors to hang in the foyer of the hospital as a token of appreciation of her efforts on behalf of the nurses and her 15 years service to the hospital. Miss A. M. Munn, inspector of training schools, Walter Bowles, "Daily Star" reporter, and His Honour Judge Mott gave interesting addresses at the monthly meetings. A missionary nurse, home on furlough from Bolivia, also gave an excellent report of her work there. Interesting letters have been received from graduates who are on active service.

District 7

The annual meeting of District 7, R.N.A.O., was held at the Kingston General Hospital recently. The district is divided into four Chapters located at Brockville, Kingston, Perth, and Smiths Falls, and an excellent report was given by a representative from each chapter on the year's activities. The two main objectives were assisting with war work and promoting nurse education. The guest speaker, introduced by the chairman, Miss Ella Smith, was Dr. C. H. McCuaig, a member of the staff of the Ontario Hospital and professor of psychiatry at Queen's University, who presented an enlightening and interesting talk on psychosomatic medicine.

The following appointments have recently been made to the graduate staff of the Ontario Hospital: Misses A. Armstrong, M. Doyle, L. Hogan, T. Kennedy, of the Hotel Dieu Hospital; and Miss Mary Kennedy of St. Joseph's Hospital, Sudbury. These nurses are being given a special course in psychiatry and psychiatric nursing which is especially designed to facilitate their adaptation to this specialized field. An effort is being made to establish eight-hour duty in this hospital.

District 8

Ottawa Civic Hospital:

The following appointments have recently been made: Elinor Alford, Florence Cripps, and Margaret Robertson, to the Nursing Service of the Royal Canadian Navy; N. Palmeter, to the Nursing Service of the R.C.A.M.C.; N. Brewer, to the office of Dr. W. A. Guest; Audrey Crooks and Mu-

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District 10

A meeting of District 10, R.N.A.O., was held recently in McKellar General Hospital, Fort William, with 47 present. The activities of the hospital and school of nursing section and the public health nursing section were reported upon by Miss Misener and Miss Bliss respectively. A discussion was held on the organization of the general nursing section, and Sr. Shiela, of St. Joseph's Hospital, Miss McKinnon, of Port Arthur General Hospital, Miss Waterman, of McKellar General Hospital, and Miss Buss, of the Sanatorium, agreed to form a committee along with Mrs. Higginbottom, chairman of the section.

Mrs. Burnell, a former Fort William resident, who has lived in Australia and the Malay States for the past few years, gave an interesting talk on her adventures, and Miss A. Johnson gave a monologue on "The Safety Pin" which was much enjoyed.

The hospital and school of nursing section, realizing the emphasis that should be put upon clinical teaching, are planning to meet each month and to give demonstrations of various methods. The staff and students of each of the three general hospitals in Port Arthur and Fort William are carrying out the program. The bedside clinic, the morning circle, nursing procedure with health teaching, morning rounds, and a case study from the viewpoint of the nurse, the pharmacist, and the dietitian are included. The first of these was carried out by the nursing school of St. Joseph's Hospital and were shown to be most instructive.

Fortunately all industrial nurses have joined the public health nursing section, thus not only increasing the membership, but also interest in and knowledge of this broadening field of nursing. The section has had two dinner meetings and at a recent meeting of the section a general discussion took place and it was found that industrial nurses hope to develop a congenial relationship with the employees, so that they will accept both individual and group teaching, as well as many other facilities provided for their health. As different aspects develop we hope that all the public health nurses of the District will co-operate with the industrial nurses by linking them with other community agencies that will help them in the care of the workers and their families. Miss Dickie gave a synopsis of articles in *The Canadian Nurse* which would make it a best-seller in any shop.

QUEBEC

Montreal General Hospital:

A contribution of $300 has been made by

the Alumnae Association to the Red Cross and the Mobile Canteen Fund has been further augmented by $150, proceeds of a rummage sale. Miss C. L. Anderson, president of the Alumnae Association, and one of the instructors in the School for Nurses, was the recipient of a beautiful silver tray given by Miss Holt, the graduate staff, and student nurses on the occasion of her marriage to Dr. S. Townsend.

Mrs. Nash (Julia Andrews) has returned from South Africa where she spent a year as Nursing Sister in military hospitals. Miss M. A. Horinbrook has joined the staff of the Central Division. Miss L. Baptist and Miss M. Ward have been appointed to the operating room staff, Central Division. Miss E. Smith has been appointed as Nursing Sister in the Royal Canadian Naval Nursing Service. Miss M. Bray has been appointed as Nursing Sister in the R.C.A.M.C. Nursing Service.

Royal Victoria Hospital:

A recent welcome visitor was Mrs. Archie Crawford (Mary Pickard) who, with her children, has come from Beirut, Syria, and is living at Sackville, N.B. for the duration. Nursing Sisters O. Rand, N. Lockhart, and K. King are now attached to the R.C.A.M.C. Nursing Service overseas. Miss M. Wheaton has joined the Army and Miss M. Coote the Navy. Miss A. Young, head nurse, women's surgical ward, resigned to be married and has been succeeded by Miss M. Gilpin. Miss E. McMillan has returned after a year in South Africa and is now on the staff of Ste. Anne's Hospital. Miss J. Henne is also at St. Anne's.

McGill School for Graduate Nurses:

Recent visitors to the School included Helen L. Wilson, who is now serving with the R.C.A.M.C. Nursing Service, and Mary I. Crossman, superintendent at the Aberdeen Hospital, New Glasgow.

Homoeopathic Hospital:

The following officers have recently been elected by the Alumnae Association to serve during the coming year: honourary president, Vera Graham; president, Alice Gage; vice-president, Jessie Morris; treasurer, Mrs. Warren; assistant treasurer, I. Garrick; secretary, M. Stewart; assistant secretary, Mrs. S. McCaw; committees: sick benefit, Mrs. I. Warren; visiting: Misses Campbell, Currie, McMurtry; program: Mrs. S. McCaw, Miss Pearton; refreshment: Misses Miller, Cleghorn, Tulloch; representatives to: Local Council of Women, Mrs. R. H. Piper; M.G.N.A.: Misses Fairbairn, Smith; *The Canadian Nurse*: Misses McLeod, Ward, MacAllwain; subscriptions: Mrs. Hebb, Mrs. Holland.

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The other day somebody told us right out that quite a lot of people don't like nurses . . . This came as a distinct shock . . . so we decided to put a few discreet questions to patients and their friends . . . Here are some replies, selected entirely at random . . . and each referring to an individual nurse . . . "The water wasn't boiling when she made the tea . . . She never leaves the bell where I can reach it . . . She promised to bring me a hot water bag but she went off duty and forgot about it . . . Dad says he hates to ring for her at night because it makes her so cross . . . She won't let the dog out or the cat in . . . I asked her to save the orange peel for marmalade but she threw it in the garbage pail . . . She never gets the pillow in the right place . . . She smells of stale cigarette smoke . . . She wouldn't even get her own breakfast . . . She says she came to nurse Bobby and not to play with him . . . She left the kitchen in an awful mess . . . Her hands are so hard and her nails are so scratchy . . . She never noticed that the ice bag was leaking" . . . It seemed a bit queer that none of these complaints were concerned with lack of technical skill . . . Even the worst grumblers admitted that the nurse usually knew her job . . . but all the same they said they were mighty glad when the doctor either told them they could go home . . . or that the special nurse wasn't needed any more . . . It wasn't altogether the expense either . . . it was just that they didn't like nurses . . . and were glad to get away from them . . . It looks as though most of these faults and failings are rooted in the heart and not in the mind . . . Some of these women should never have been nurses at all . . . and are bored and unhappy because they are working against the grain . . . Yet even if a subtle aptitude test could be devised . . . that would transfer them to the right jobs . . . we should still have a problem on our hands . . . We should have to make sure that the sort of nurse the patient likes is the sort of nurse he really ought to have . . . There is no margin for error when life hangs in the balance . . . A rather grim soul, with a clear head and a steady hand, may be a lot safer to have around than a damsel with a charming smile but not much gray matter . . . The trouble is that it won't be easy to make the patient believe it . . . For one reason or another . . . we are not as popular as we might be . . . Perhaps we had better take a good square look at some of those complaints . . . and try to conserve the orange peel for the marmalade . . . not to mention the good will we are in danger of losing.

—E. J.

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Rev. Sister Kerr, Hotel-Dieu Hospital, Campbellton; First Vice-Pres., Miss L. Smith; Sec. Vice-Pres., Miss R. Follis; Hon. Sec., Miss M. McMullen; *Conveners of Sections: Public Health*, Miss M. Hunter; *General Nursing*, Miss M. Harding; *Hospital & School of Nursing*, Miss M. Myers; *Conveners of Committees: Advisory Committee of Schools of Nursing*, Miss A. F. Law; *Legislation*, Miss D. Parsons; *The Canadian Nurse*, Miss N. Wallace; *Reps.* to *National Committees: Health Insurance & Nursing Service*, Miss B. L. Gregory; *History of Nursing*, Miss A. Burns; *Eight-Hour Duty*, Miss M. McMullen; *Exchange of Nurses*, Miss M. Myers; *Reps. of Chapters & Districts*: Miss A. J. MacMaster, Moncton; Rev. Sr. Saint Stanislaus, Chatham; Secretary-Registrar, Miss Alma Law, Health Centre, Saint John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Vickers Lane, Sydney Mines; Sec. Vice-Pres., Miss Jane Watkins, 63 Henry St., Halifax; Third Vice-Pres., Miss A. E. Richardson, Blanchard-Fraser Memorial Hospital, Kentville; Rec. Sec., Miss Lillian Grady, Halifax Infirmary, Halifax; Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep.* to *The Canadian Nurse*, Mrs. Dorothy Luscombe, 364 Spring Garden Rd., Halifax.

ONTARIO

Registered Nurses Association of Ontario

Pres., Miss Mildred I. Walker; First Vice-Pres., Miss J. Masten; Sec. Vice-Pres., Miss M. B. Anderson; Sec.-Treas., Miss Matilda E. Fitzgerald, Rm. 630, 86 Bloor St. W., Toronto; *Chairmen of Sections: Hospital & School of Nursing*, Miss L. D. Acton, Kingston General Hospital; *General Nursing*, Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa; *Public Health*, Miss W. Ashplant, 807 Waterloo St., London; *Chairmen of Districts*: Mrs. C. Salmon, Mrs. K. Cowie, Miss M. Buchanan, Miss K. McNamara, Miss I. Shaw, Miss E. Smith, Miss M. Stewart, Miss K. MacKenzie, Miss M. Flanagan.

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Districts 2 and 3

Chairman, Mrs. K. Cowie; First Vice-Chairman, Miss L. Trusdale; Sec. Vice-Chairman, Miss M. Hackett; Sec.-Treas., Miss H. D. Muir, Brantford General Hospital; *Section Chairmen: General Nursing*, Miss E. Clark; *Public Health*, Miss M. Grieve; *Hospital & School of Nursing*, Miss J. Watson; *Councillors*: Misses G. Westbrook, R. Parkhouse M. Neiderauer, E. Rickard, F. McKenzie, Martin.

District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors*: Sister Mary Grace, Misses C. Brewster, M. Cameron, N. Roberts, A. Laur, A. Wright; *Section Conveners: Hospital & School of Nursing* Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing*, Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson, 24 Drake Cres., Scarboro Bluffs; *Councillors*: Misses E. Hill, O. Brown, E. Grant, G. Jones, M. Winter, R. Grogan; *Section Conveners: General Nursing* Miss M. Hughes; *Public Health*, Miss L. Tucker; *Hospital & School of Nursing*, Miss B. McPhedran.

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District 7

Chairman, Miss E. Smith; First Vice-Chairman, Miss H. Corbett; Sec.-Treas., Miss P. Gavan, Ontario Hospital, Kingston; *Councillors*: Misses E. Freeman, B. Griffin, M. Hanna, E. Moffatt, P. Gavan, Sr. St. Donovan; *Section Conveners: Hospital & School of Nursing*, Miss

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Ida E. Johnson, Royal Alexandra Hospital, Edmonton; Sec. Vice-Pres., Sister Beatrice, St. Michael's Hospital, Lethbridge; Sec.-Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillor*, Miss B. A. Beattie, Provincial Mental Hospital, Ponoka; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Jean S. Clark, City Hall, Calgary; *General Nursing*, Miss Gertrude Thorne, 332-21st Ave. W., Calgary; *Rep.* to *The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Moira Foster; Vice-Chairman, Miss Estelle Harle; Secretary-Treasurer, Miss Nessa Leckie, Provincial Mental Hospital; *Convener, British Nurses Relief Fund*, Miss Karen Westerlund; *Representative* to *The Canadian Nurse*, Miss Olive Websdale.

Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss Louise Thorne, 2208-30th Ave. S. E.; Treasurer, Miss Mary Watt; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss M. Pinchbeck; *General Nursing*, Miss G. Thorne.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks. Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockford; *Representatives* to: *Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Pres., Miss Helen McArthur; First Vice-Pres., Miss I. Johnson; Sec. Vice-Pres., Rev. Sr. Neuhausel; Sec. Miss Augusta Evans, University Hospital; News Letter Sec. Miss F. MacDonald; Treas., Miss Gena Bamforth; *Conveners*: *Program*, Miss L. Einarson; *Membership*, Miss B. Emerson; *Reps* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss I. Morem.

Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostuik; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss P. Capelle, Rm. 1012, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 1012, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Mrs. E. Pringle; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

New Westminster Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Miss C. E. Clark; Pres., Mrs. A. Way; First Vice-Pres., Miss E. Scott Grey; Sec. Vice-Pres., Miss A. MacPhail; Sec., Miss E. Beatt, 243 Keary St.; Treas., Mrs. T. Jones; Assist. Sec. & Treas., Miss B. Smith.

Vancouver Island District

Victoria Chapter, Registered Nurses Association of British Columbia

Pres., Mrs. J. H. Russell; First Vice-Pres., Sr. M. Claire; Sec. Vice-Pres., Miss H. Latornell; Rec. Sec., Miss G. Wahl; Corr. Sec., Miss H. Unsworth, Royal Jubilee Hospital; Treas., Miss N. Knipe; *Conveners*: *General Nursing*, Miss K. Powell; *Hospital & School of Nursing*, Sr. M. Gregory; *Public Health*, Miss H. Kilpatrick; *Directory*, Mrs. G. Bothwell; *Finance*, Miss M. Dickson; *Membership*, Sr. M. Gabrielle; *Program*, Miss D. Calquhoun; *Publications*, Miss M. Laturnus; *Nominating*, Miss L. Fraser; *Corr. Delegate of Placement Bureau*, Mrs. Bothwell; *Registrar*, Miss E. Franks.

West Kootenay District

Nelson Chapter, Registered Nurses Association of British Columbia

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President, Miss Marjory Fletcher; Vice-President, Miss Edythe Crosson; Secretary, Miss Phyllis Slader, Nurses Residence, Trail-Tadanac Hospital, Trail; Treasurer, Miss Eileen Somerville; *Representative* to *The Canadian Nurse*, Miss Joyce Greenwood.

Rossland Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Rev. Sr. J. Francis; Pres., Miss F. McLean; Vice-Pres., Rev. Sr. Bernadette; Sec., Miss J. Miller, Mater-Misericordia Hospital, Rossland; Treas., Mrs. T. Crellin; *Committees*: *Membership*, Miss McLean; *Program*: Miss Tompkins, Mmes Davies, Woods; *Social*: Mmes Lonsbury, Bailey, Miss Hood; *Reps.* to: *The Canadian Nurse*, Miss McLean; *Community Chest*, Mrs. Eccles; *A.R.P.*, Miss Hood; *Home Nursing Classes*, Mrs. Lonsbury.

Okanagan District

Kamloops-Tranquille Chapter, Registered Nurses Association of British Columbia

President, Miss Olive M. Garrood; Vice-President, Miss Elva Marshall; Secretary, Mrs. K. M. Waugh, 525 Nicola Street, Kamloops; Treasurer, Mrs. E. MacKenzie.

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Vancouver Chapter, Registered Nurses Association of British Columbia

Pres., Miss Lyle Creelman; First Vice-Pres., Miss I. Chodat; Sec. Vice-Pres., Miss E. Welton; Rec. Sec., Miss M. Egleston, 456 W. 12th Ave.; Corr. Sec., Miss G. Taylor, 2872 McKay St.; Treas., Miss E. Williamson; *Committee Conveners: Finance*, Miss J. Jamieson; *Social*, Mrs. W. R. Murdoch; *Membership*, Miss M. Black; *Visiting*, Mrs. E. Whitney; *Chairmen of Sections: Public Health*, Miss D. Shields; *General Nursing*, Miss M. Moore; *Hospital & School of Nursing*, Mrs. E. Watt; *Rep.* to *The Canadian Nurse*, Miss H. Mussalem.

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Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Rev. Sister Kerr, Hotel-Dieu Hospital, Campbellton; First Vice-Pres., Miss L. Smith; Sec. Vice-Pres., Miss R. Follis; Hon. Sec., Miss M. McMullen; *Conveners of Sections: Public Health*, Miss M. Hunter; *General Nursing*, Miss M. Harding; *Hospital & School of Nursing*, Miss M. Myers; *Conveners of Committees: Advisory Committee of Schools of Nursing*, Miss A. F. Law; *Legislation*, Miss D. Parsons; *The Canadian Nurse*, Miss N. Wallace; *Reps.* to *National Committees: Health Insurance & Nursing Service*, Miss B. L. Gregory; *History of Nursing*, Miss A. Burns; *Eight-Hour Duty*, Miss M. McMullen; *Exchange of Nurses*, Miss M. Myers; *Reps. of Chapters & Districts*: Miss A. J. MacMaster, Moncton; Rev. Sr. Saint Stanislaus, Chatham; Secretary-Registrar, Miss Alma Law, Health Centre, Saint John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Vickers Lane, Sydney Mines; Sec. Vice-Pres., Miss Jane Watkins, 63 Henry St., Halifax; Third Vice-Pres., Miss A. E. Richardson, Blanchard-Fraser Memorial Hospital, Kentville; Rec. Sec., Miss Lillian Grady, Halifax Infirmary, Halifax; Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep.* to *The Canadian Nurse*, Mrs. Dorothy Luscombe, 364 Spring Garden Rd., Halifax.

ONTARIO

Registered Nurses Association of Ontario

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District 1

Chairman, Mrs. C. I. Salmon; First Vice-Chairman, Miss M. Jones; Sec.-Treas., Miss A. Kenny, Aberdeen Hotel, Chatham; *Councillors*: Misses Gray, Wightman, Paterson, Birrell, Baird, Stewart, Mrs. J. Wilson; *Section Conveners: Hospital & School of Nursing*, Miss L. Hastings; *General Nursing*, Miss H. O'Mahoney; *Public Health*, Miss M. McLaughlin; *Enrolment*, Miss D. Birrell.

Districts 2 and 3

Chairman, Mrs. K. Cowie; First Vice-Chairman, Miss L. Trusdale; Sec. Vice-Chairman, Miss M. Hackett; Sec.-Treas., Miss H. D. Muir, Brantford General Hospital; *Section Chairmen*: *General Nursing*, Miss E. Clark; *Public Health*, Miss M. Grieve; *Hospital & School of Nursing*, Miss J. Watson; *Councillors*: Misses G. Westbrook, R. Parkhouse M. Nelles, Treasurer, E. Rickard, F. McKenzie, Martin.

District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors*: Sister Mary Grace, Misses C. Brewster, M. Cameron, N. Roberts, A. Laur, A. Wright; *Section Conveners: Hospital & School of Nursing* Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing*, Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson, 24 Drake Cres., Scarboro Bluffs; *Councillors*: Misses E. Hill, O. Brown, E. Grant, G. Jones, M. Winter, R. Grogan; *Section Conveners: General Nursing* Miss M. Hughes; *Public Health*, Miss L. Tucker; *Hospital & School of Nursing*, Miss B. McPhedran.

District 6

Chairman, Miss L. Lambe; First Vice-Chairman, Miss B. Beaumont; Sec. Vice-Chairman, Miss J. Graham; Third Vice-Chairman, Sr. Gonzoga; Sec.-Treas., Miss M. Pickens, Nicholls Hospital, Peterborough; *Conveners: Hospital & School of Nursing*, Miss M. Deneau; *General Nursing*, Mrs. E. Brackenridge; *Public Health*, Miss H. McGeary; *Membership*: Miss O. Moore; *Enrolment*, Miss M. McIntosh; *Finance*, Miss B. Kelly; *Emergency Nursing & British Nurses Relief Fund*, Miss H. Mastin; *Reps. to: History of Nursing*, Miss G. Conley; *Post Graduate Study*, Sr. Gonzoga; *The Canadian Nurse*, Miss M. Polson.

District 7

Chairman, Miss E. Smith; First Vice-Chairman, Miss H. Corbett; Sec.-Treas., Miss P. Gavan, Ontario Hospital, Kingston; *Councillors*: Misses E. Freeman, B. Griffin, M. Hanna, E. Moffatt, P. Gavan. Sr. St. Donovan; *Section Conveners: Hospital & School of Nursing*, Miss

L. Acton; *General Nursing*, Miss H. Bell; *Public Health*, Miss B. Fry; *Rep. to The Canadian Nurse*, Miss B. Coulter.

District 8

Chairman, Miss Pearl Walker; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss V. Foran; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; *Councillors*: Misses I. Allan, L. Brulé, J. Church, W. Cooke, B. Jackson, D. Moxley; *Section Conveners*: *Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *General Nursing*, Miss I. Dickson; *Public Health*, Miss C. Livingston; *Pembroke Chapter*, Miss M. Young; *Cornwall Chapter*, Miss M. McWhinnie.

District 9

Chairman, Miss K. MacKenzie, North Bay; First Vice-Chairman, Miss A. Walker, Copper Cliff; Sec. Vice-Chairman, Miss R. Densmore, Sault Ste. Marie; Sec., Miss E. Franks, Apt. 5, 67-4th Ave., Timmins; Treas., Miss J. Smith, Gravenhurst; *Conveners*: *Public Health*, Miss J. Thomas, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *Membership*, Miss J. Smith, Gravenhurst; *Nomination*, Miss H. E. Smith, New Liskeard; *Rep. to The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

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Chairman, Miss M. Flanagan; Vice-Chairman, Miss W. Ballantyne; Sec.-Treas., Miss Jessie Young, General Hospital, Port Arthur; *Conveners*: *Public Health*, Miss M. Bliss; *General Nursing*, Miss B. Brown; *Hospital & School of Nursing*, Miss I. Misener; *Program*, Miss J. Hogarth; *Councillors*: Misses M. Buss, O. Waterman, E. McKinnon.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, Charlottetown Hospital; Sec., Miss Anna Mair., P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections*: *Hospital & School of Nursing*, Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; *General Nursing*, Miss Eileen McGough, 152½ St. George St., Charlottetown; *Public Health*, Miss Mary Leslie, Montague.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rev. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier, Annonciade Martineau; *Advisory Board*: Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, Rev. Soeur Marie de l'Eucharistie (Québec), Miles Edna Lynch, Juliette Trudel; *Conveners of Sections*: *General Nursing* (English), Miss Effie Killins, 420 Prince Arthur St. W., Apt. 11, Montreal; *General Nursing* (French), Mlle Anne-Marie Robert, 4085 St. Hubert St., Montréal; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; *Hospital & School of Nursing* (French), Rév. Soeur Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Marie Euphemie Cantin, 4642 St. Denis St., Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Rev. Soeur Marie Claire Rheault, Mlles Anysie Deland, Juliette Trudel; Executive Secretary, Registrar & Official School Visitor, Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diedericks, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegarde, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections*: *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners*: *Registry*, Miss Grad; *Program*: Misses Sharp, Blackwood; *Membership*: Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health* Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Spelliscy; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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A.A., Holy Cross Hospital, Calgary

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A.A., Edmonton General Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. S. Fraser; Pres., Miss M. Griffith; First Vice-Pres., Miss V. Chapman; Sec. Vice-Pres., Mrs. J. White; Rec. Sec., Miss E. Perkins; Corr. Sec., Miss M. Edgar, 10619-99 Ave.; Treas., Miss I. Toby; *Conveners*: *Program*, Miss K. Stackhouse; *Benefit & Loan*, Miss A.

Anderson; *Visiting*, Miss A. McGillivary; *Scholarship*, Miss L. Einarson; *News Letter*, Chapman; *Executive*: Miss Holm. Mmes Baird, Miss H. Smith; *Rep.* to *The Canadian Nurse*, Miss Blacklock.

A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

Honourary President, Sister Anna Keohane; Honourary Vice-President, Sister J. Boisseau; President, Mrs. René Landry, Vegreville; Vice-President, Miss Gladys Babbage, Box 213, Vegreville; Secretary-Treasurer, Miss Margaret Nordwick, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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